

Name
in
Full

Katherine Elizabeth Ballinger

CERTIFICATE OF DEATH

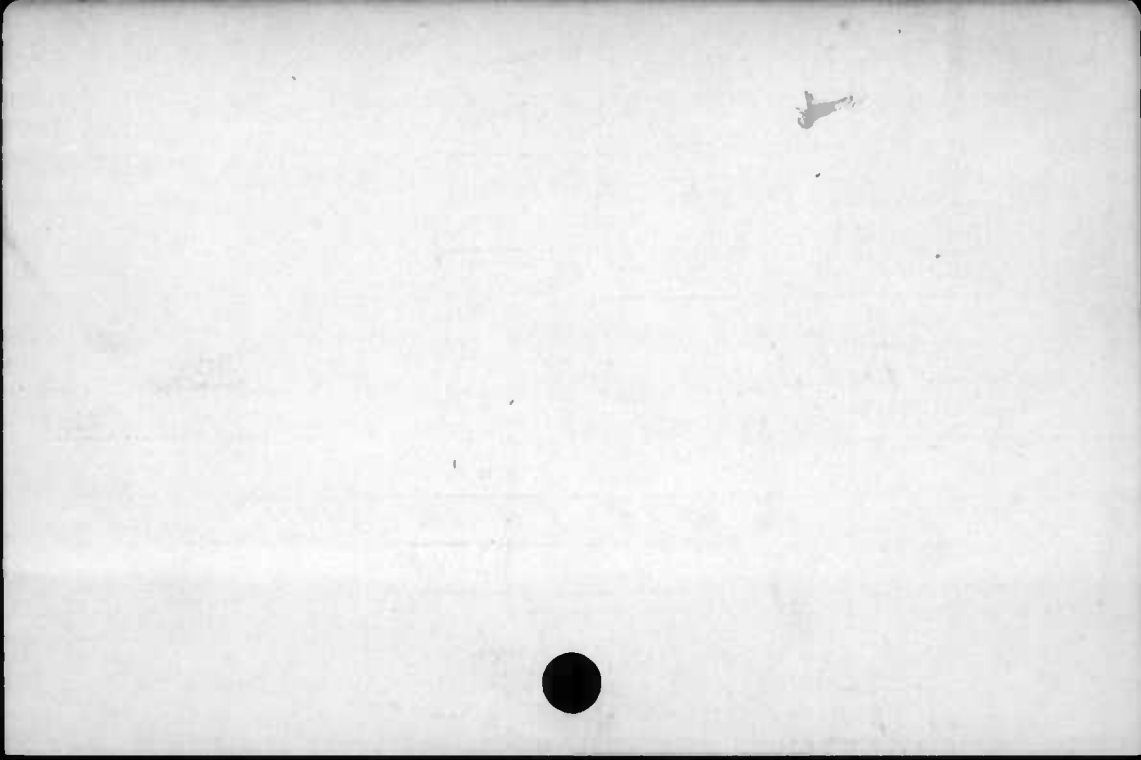
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Reisterstown</i>		Town <i>Reisterstown</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>March</i>		Day <i>17</i>		Years <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Reisterstown</i>		Months <i>10</i>	
Occupation <i>—</i>		Where Residing If not at place of death <i>—</i>		Days <i>14</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>James Ballinger</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Katie Brown</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Unc. Ballinger</i>		How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	<i>(8)</i>	How long <i>3 wks.</i>
Immediate <i>Teething</i>		How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H M Seader</i>
		Address <i>Reisterstown Md</i>
Accident or Suicide?		



TO BE ANSWERED BY
NEAREST FRIEND

Infant.

Barber

CERTIFICATE OF DEATH

Died at <i>Beaver Dam</i>		Town <i>Beaver Dam</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>24</i>	Age	Years	Months	Days	<i>1</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Beaver Dam</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Charles Barber</i>			Father's Birthplace <i>St. Mary Co. Md.</i>				
Mother's Maiden Name <i>Annie Reynolds</i>			Mother's Birthplace <i>Howard Co. Md.</i>				
Name of person giving information <i>Father</i>			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hemorrhage of Cord.</i>	How long	<i>15 hrs.</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wilmer C. Eason</i>
		Address	<i>Cockeyville Ind.</i>
Accident or Suicide?			

To Be Perused By
Eusebius & Price at
St Joseph's Seminary
Texas

Name in Full		James Edward Barrett				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Highland		Baltimore		MARYLAND		
	Date of death	1906	Month 3	Day 1	Age 6	Months 8	Days 16	
	Sex	Male		Color or Race	White		Birth-place	Maryland
	Occupation	None		Where Residing if not at place of death				
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	Andrew J. Barrett				Father's Birthplace	Maryland	
	Mother's Maiden Name	Bertha Blomman				Mother's Birthplace	Maryland	
Name of person giving information	Andrew J. Barrett				How related to deceased	Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Scarlet Fever				How long	5 da	
	Immediate	Exhaustion				How long	6 hours	
	Are the name, age, sex, color, date and place correctly given above?	Yer.				Signature of Physician	Wm. L. Dorman	
						Address	3 and 1/2 South Highlandtown	
	Accident or Suicide?	No						



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u>		<u>1</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1906</u>		Month <u>March</u>		Day <u>4</u>		Age <u>18</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Balto. Co. Md.</u>		Months <u> </u> Days <u> </u>	
Occupation <u>None</u>				Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u> </u>					
Father's Name <u>Gregor Bayer</u>		Father's Birthplace <u>Germany</u>					
Mother's Maiden Name <u>Sabina Reindel</u>		Mother's Birthplace <u>Germany</u>					
Name of person giving information <u>Gregor Bayer</u>		How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Scarlet Fever	(7)	How long	4 days
Immediate	Typhoid		How long	10 Days.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J. A. Gentry	
		Address	41 Eastern Ave E.	
Accident or Suicide?			✓	

Sacred Heart Cemetery

March 5th 1906

Germanus France

Underlain

Name in Full		CERTIFICATE OF DEATH			
Marie Bayer		Died at <i>Hughlandtown</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>	
		MARYLAND			
Date of death <i>1906</i>		Month <i>Mar.</i>	Day <i>29</i>	Age <i>3</i> Years	Months <i>6</i> Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto. Co. Md.</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Gregor Bayer</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Sabina Reindel</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Gregor Bayer</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
Primary <i>Pneumonia - Catarrhal</i>		How long <i>One week</i>			
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. W. Henry, M.D.</i>			
		Address <i>1105 Chesapeake St.</i>			
Accident or Suicide? <i>No</i>					

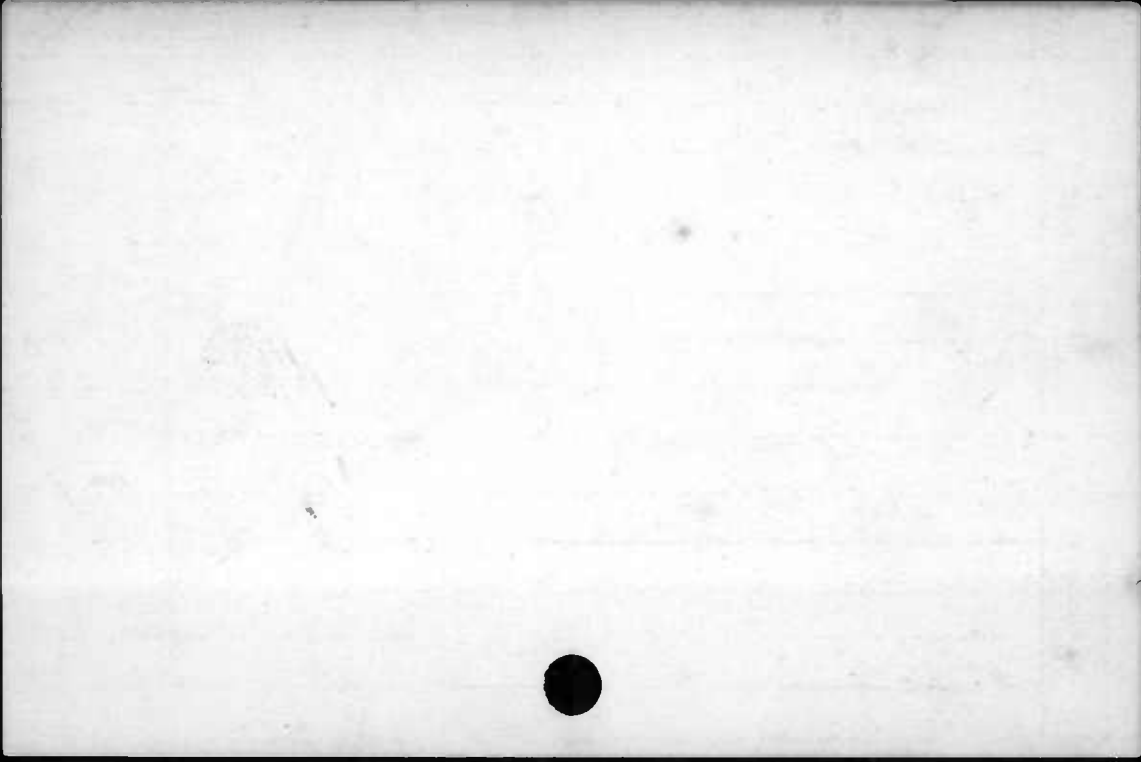
Sacred Heart Cemetery

MAR 29 1906

Germanus Franzen

Undersaker

Name in Full		CERTIFICATE OF DEATH			
Mary Elizabeth Beal		County		MARYLAND	
Died at <u>Ford</u> Town		<u>Balls</u>			
Date of death <u>1906</u> Month <u>March</u> Day <u>11</u> Age <u>one</u> Years Months Days					
Sex <u>Female</u> Color or Race <u>white</u>		Birthplace <u>Baltimore Md</u>			
Occupation <u>✓</u>		Where Residing if not at place of death <u>✓</u>			
Married, Single or Widowed <u>✓</u>		Name of Wife or Husband <u>✓</u>			
Father's Name <u>Rev M. L. Beal</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Lena A. Mendenhall</u>		Mother's Birthplace <u>W V</u>			
Name of person giving information <u>M. L. Beal</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH					
Primary <u>Catarrhal Fever</u>		How long <u>one wk</u>			
Immediate <u>Pneumonia</u>		How long <u>"</u>			
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. F. H. Groves</u>			
		Address <u>Ford Md</u>			
Accident or Suicide? <u>✓</u>					



Name
in
Full

August C. Becker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1906	Month	March	Day	27	Age	38
				Years		Months	Unknown
				Days		Unknown	
Sex	Male			Color or Race	White		
Birthplace	Baltimore						
Occupation	Cabinet Maker			Where Residing if not at place of death			
			Baltimore				
Married, Single or Widowed	Married			Name of Wife or Husband			
			Unknown				
Father's Name	Unknown					Father's Birthplace	Unknown
Mother's Maiden Name	"					Mother's Birthplace	"
Name of person giving information	Reeds Mt Hope					How related to deceased	not at all

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Mania Chronic</i>		How long	<i>abt 8 or 9 mos -</i>
Immediate	<i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		
Signature of Physician		<i>Frank J. Flannery MD</i>		
Address		<i>Mt Hope Retreat Baltimore Co Md.</i>		
Accident or Suicide?				



Name
in
Full

Florence Arnette Becker

CERTIFICATE OF DEATH

Died at <u>Highland</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u>	Month <u>3</u>	Day <u>23</u>	Age <u>8</u>	Months <u>6</u> Days <u>6</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u></u>			
Father's Name <u>Robert Becker</u>		Father's Birthplace <u>Pennsylvania</u>			
Mother's Maiden Name <u>Anna Farpel</u>		Mother's Birthplace <u>Pennsylvania</u>			
Name of person giving information <u>Robert Becker</u>		How related to deceased <u>Father</u>			

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	<u>mitral Stenosis</u>	How long	<u>3 mos.</u>
Immediate	<u>Gastro-Enteritis</u>	How long	<u>24 hrs.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. A. Glantz</u>
		Address	<u>41 Eastern ave.</u>
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Nolan Eldo Belt.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Offices. P. Town Balto. County

Date of death 1906 Month 3 Day 9 Age 34 Years Months 6 Days 3

Sex Male Color or Race White Birth-place Offices. P. O.

Occupation _____ Where Residing if not at place of death _____

Married Single
or WidowedSingleName of Wife or
HusbandFather's
NameGeo W BeltFather's
BirthplaceMother's
Maiden NameMary J M. GillMother's
BirthplaceName of person giving
InformationMrs. Harry BuchananHow related
to deceasedSister

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

2 yrs.

Immediate

Cardiac Failure

How long

Are the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianEdgar M. Bush

Address

Hampstead. Md.

Accident or Suicide?

_____PHYSICIAN
OR CORONER



Name In Full		Margaret Boblitz				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Wt Washington	County Balt.		MARYLAND	
	Date of death	1906	Month Mar	Day 6 th	Years 24	Months	Days
	Sex	Female		Color or Race	White		Birth-place Ireland
	Occupation	Home		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband	Chas. Boblitz		
	Father's Name	Patrick Coughlan				Father's Birthplace	Ireland
	Mother's Maiden Name	Margaret M. Cunniff				Mother's Birthplace	Ireland
	Name of person giving information	Chas Boblitz				How related to deceased	Husband
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Confinement - Complications				2 mos		
	Immediate				How long		
	Chamie Poison				24 hrs		
	Are the name, age, sex, color, date and place correctly given above?				yes		
				Signature of Physician			
				Address			
				Wt Washington			
Accident or Suicide?							

A. L. Marshall
Fells Road
Lowson —

Mar. 8-86

— M. Marie

Secretary.

Name
in
Full

Boblitz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Mt Washington^{County} Balt.Date
of death 1906^{Month} Mar^{Day} 4Age ^{Years} —^{Months} —^{Days} —

Sex Male

Color or
Race

White

Birth-
place

Mt Washington

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Chas Boblitz

Father's
Birthplace

Md

Mother's
Maiden Name

Margaret Coughlan

Mother's
Birthplace

Ireland

Name of person giving
In formation

Chas Boblitz

How related
to deceased

Father

CAUSES OF DEATH

Primary

Confinement

How long

Immediate

Still Born

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

A H Beitem and

Address

Mt Washington

Accident or Suicide?

A. S. Marshall
3539 Fall Road
Trowson

Mar 8 - 06

St. Marie

Secretary

Name in Full		Thos. S. Borland -				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Pikesville		Baltimore		MARYLAND	
	Date of death	1906	Month 3	Day 6	Age 45	Months	Days
	Sex	male		Color or Race	white	Birth-place	Ireland
	Occupation	Farmer			Where Residing if not at place of death		
	Married, Single or Widowed	married		Name of Wife or Husband	Mary Jane Borland		
	Father's Name	John Borland				Father's Birthplace	Ireland
	Mother's Maiden Name	Greenbury				Mother's Birthplace	"
Name of person giving information	George Garber				How related to deceased	Son-in-law	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Swine Ertility -				How long	—
	Immediate	Synovitis - Exhaustion				How long	10 days -
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	Henry A. Naylor.	
					Address	Pikesville	
					Md.		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Patapsco Creek</i>		Town <i>Patapsco Creek</i>		County <i>Balto Co.</i>		MAYLAND	
Date of death	190	Month <i>Sept</i>	Day <i>1st</i>	Age	Years <i>75</i>	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birthplace	<i>Balto Co.</i>
Occupation	<i>Trucker</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Elanor E. Hissey</i>			
Father's Name	<i>Josiah W. Bowen</i>				Father's Birthplace	<i>Balto Co.</i>	
Mother's Maiden Name	<i>Elanor Ruskell</i>				Mother's Birthplace	<i>Balto Co.</i>	
Name of person giving information	<i>Elanor Bowen</i>				How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile debility</i>	How long	<i>154</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. Woodward</i>
		Address	
Accident or Suicide?			

Greenmount Cemetery

Mch 3rd 1906

Germanus France

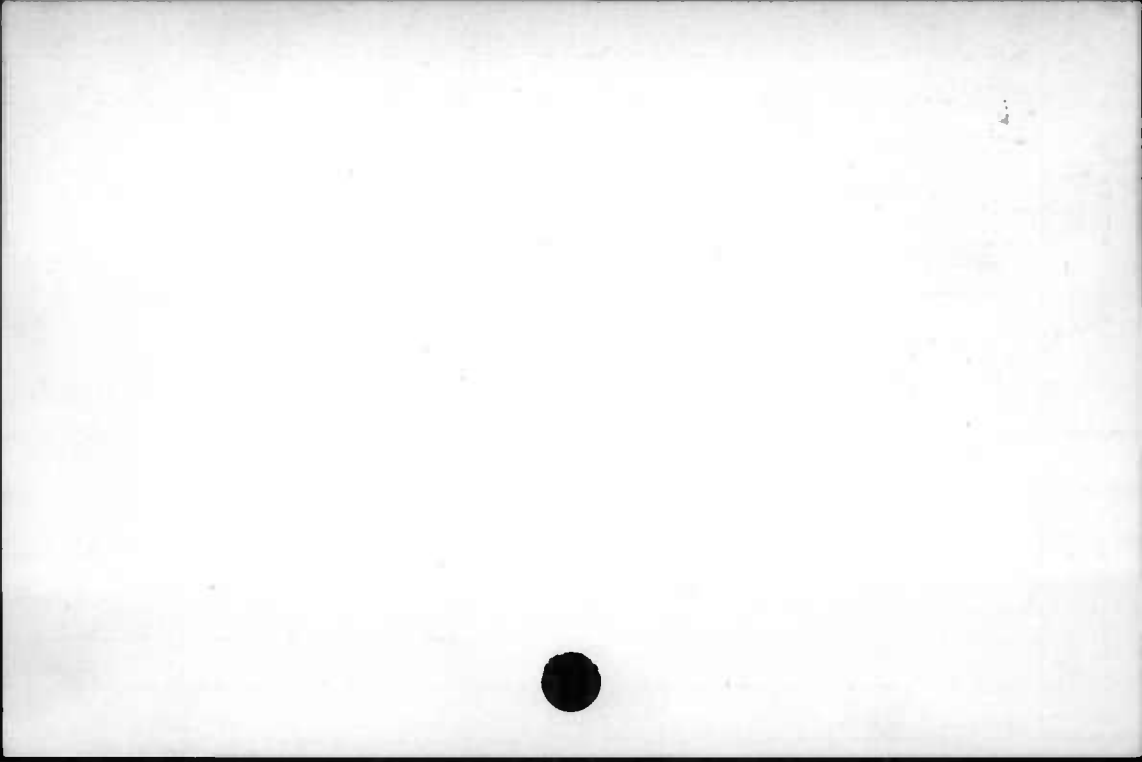
Undertaker

Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Georgetta E Bayer					
		Died at ^{Town} W Roland Park ^{County} Balt Co.					
		Date of death 1906 Mar. 13		Age 19		Months 8 Days 1	
		Sex Female		Color or Race Eurod.		Birth-place Balt Co	
		Occupation Servant.		Where Residing if not at place of death W Roland Park			
		Married, Single or Widowed Single		Name of Wife or Husband			
		Father's Name Jas S Bayer		Father's Birthplace Pa			
		Mother's Maiden Name Mary C Evans.		Mother's Birthplace Md			
		Name of person giving Information Mary C Bayer		How related to deceased Mother			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Typhoid Fever		How long 7 days			
		Immediate Toxemia		How long 5 days			
		Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician M. Gibson Fortin			
				Address Roland Park Md -			
		Accident or Suicide? no -					

A. S. Manshall
3839 Lotts Road
Laurie, ~~Connecticut~~

Mar. 16 - 06

Name in Full		Joseph Brown Jr.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	St. Agnes Hospital		Baltimore				
	Date of death	1906	Month	3	Day	30	Age
			Years		19		Months
			Days				
	Sex	Male		Color or Race	White.		Birth-place
			Baltimore				
	Occupation	Clerk.		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		—				Father's Birthplace	
Mother's Maiden Name		—				Mother's Birthplace	
Name of person giving information						How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Consumption.				How long	
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Frank Morsey M.D.		
	Yes		Address		St. Agnes Hospital.		
	Accident or Suicide?						



Name
in
Full

Robert B. G. Burns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Towson</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>March</u>	Day <u>14</u>	Age <u>6</u>	Months <u>7</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Wed.</u>		
Occupation <u>School-boy</u>	Where Residing if not at place of death <u>Towson</u>				
Married Single or Widowed	Name of Wife or Husband				
Father's Name <u>Wm. K. Burns</u>	(108)			Father's Birthplace <u>Wed</u>	
Mother's Maiden Name <u>Warran L. Ballson</u>				Mother's Birthplace <u>Wed</u>	
Name of person giving information <u>Wm. K. Burns</u>				How related to deceased <u>father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Auto-intoxication from perforated bowel</u>	How long <u>6 days</u>
Immediate <u>Cardiac Arteriosclerosis</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. Rayston Green M.D.</u>
	Address <u>Edison Md.</u>
<u>Accident or Suicide?</u>	

John Burns Son
Prospect Hill
Conn

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>Mar</i>	Day <i>31st</i>	Age Years	Months <i>4</i> Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto Co.</i>		
Occupation <i>-</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed		Name of Wife or Husband <i>-</i>			
Father's Name <i>C. F. W. Busse</i>		Father's Birthplace <i>Balto City</i>			
Mother's Maiden Name		Mother's Birthplace <i>-</i>			
Name of person giving information		How related to deceased <i>Father</i>			

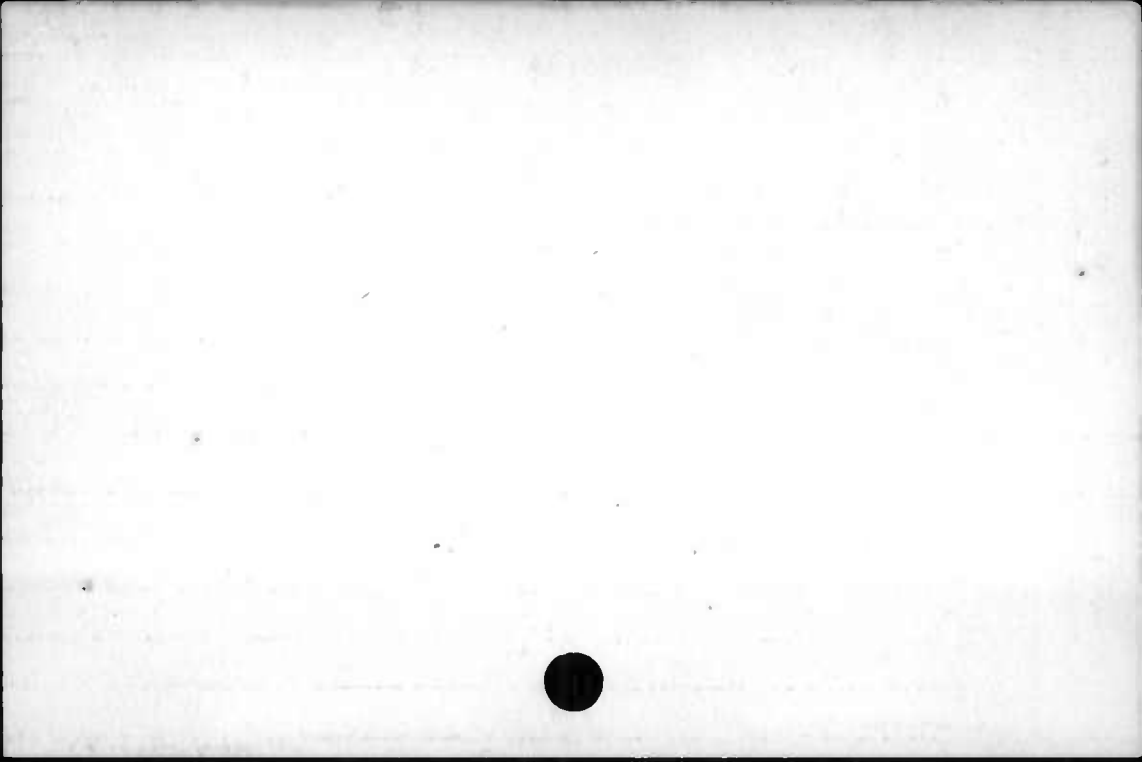
CAUSES OF DEATH

PHYSICIAN
OR CORONER

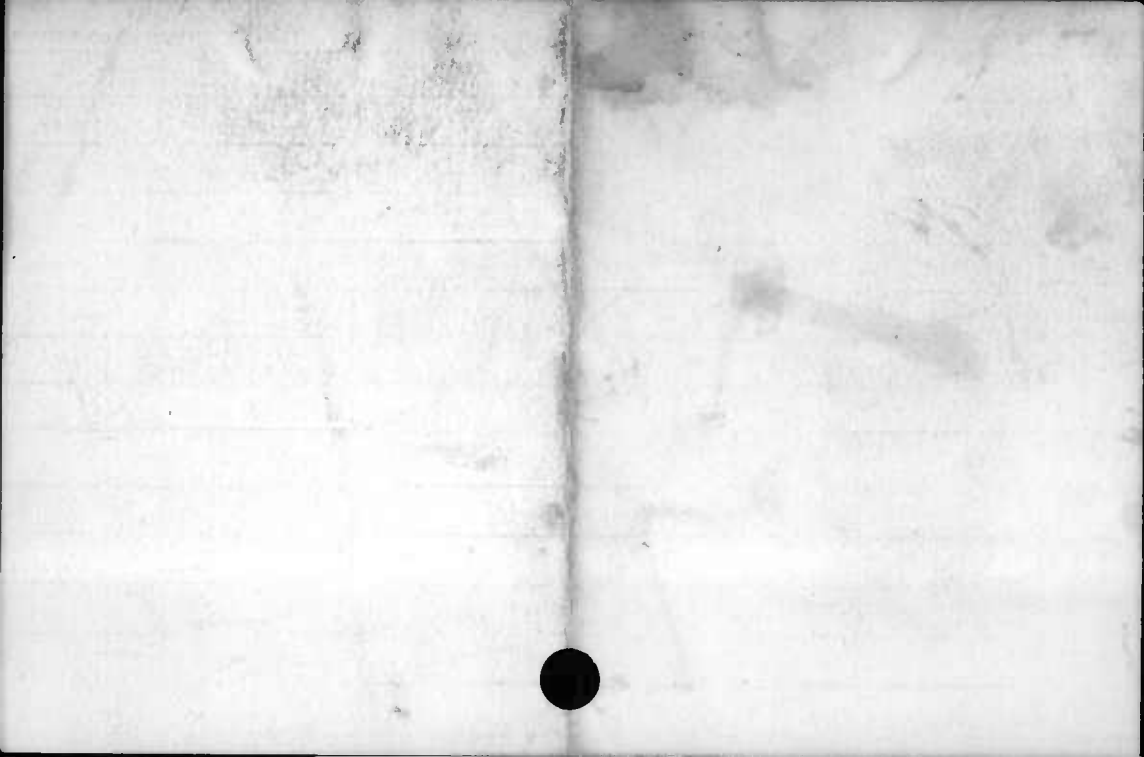
Primary <i>Whooping Cough</i>	How long <i>1 month</i>
Immediate <i>Pneumonia Acute</i>	How long <i>4 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. W. H. H. H.</i>
	Address <i>2 Hudson St. E. 12</i>
Accident or Suicide?	



Name in Full You		Steth Carrall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Town Phoenix		County Baltimore		MARYLAND		
	Date of death 1906	Month Mar	Day 7	Age 68	Months 4	Days 17	
	Sex male	Color or Race white		Birth-place Phoenix			
	Married, Single or Widowed Married		Occupation Farmer				
	Name of Wife or Husband Louisa Carrall						
	Father's Name Henry Carrall				Father's Birthplace Balt. Cond.		
	Mother's Maiden Name Mary J. Steth				Mother's Birthplace Baltimore Md.		
Name of person giving information Louisa Carrall				How related to deceased Wife.			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Senile Dementia			How long 3 or 4 years			
	Immediate Coma			How long 72 hours			
	Are the name, age, sex, color, date and place correctly given above? Yes			Signature of Physician A. R. Mitchell			
				Address Mounton Md.			
	Accident or Suicide?						



Name in Full		Catherine Cathell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Baldwin		County Baltimore		MARYLAND
	Date of death	1906	Month March	Day 23	Years 82	Months —	Days 20
	Sex	Female		Color or Race	White		Birth-place Balto. Md.
	Occupation	—			Where Residing if not at place of death —		
	Married, Single or Widowed	Widow		Name of Husband	Joseph Q. Cathell		
	Father's Name	— Clegg				Father's Birthplace	England
	Mother's Maiden Name	Jane Webster				Mother's Birthplace	England
Name of person giving information		Mary Cathell				How related to deceased	Daughter
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Injury to hip & spine				How long	4 years
	Immediate	Aneurism of aorta				How long	Possibly 2 years
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. S. Green		
			Address		Hittings, Md.		
	Accident or Suicide?		✓				



Name
in
Full

Raymond Weeks

Chenewith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>3</i>	Age <i>3</i>	Years <i>3</i>	Months <i>6</i>	Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Curtis Bay</i>			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>George Chenewith</i>			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>diphtheria</i>	How long <i>4 days</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. B. Luning M.D.</i>
	Address <i>Ellicott City Md.</i>
Accident or Suicide?	



Name in Full		Samuel Chesney				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Highlandtown		County Baltimore		MARYLAND	
	Date of death 190	Month 6	Day 3	Age 62	Years 12	Months 13	Days 13
	Sex	Male		Color or Race	White		Birth-place
	Married, Single or Widowed		Married		Occupation		
					Oil Refiner.		
	Name of Wife or Husband		Alverda G. Chesney				
	Father's Name		Francis Chesney			Father's Birthplace	
					Ireland		
Mother's Maiden Name		Mary Harden			Mother's Birthplace		Ireland
Name of person giving information		Alverda G. Chesney			How related to deceased		Wife
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Lobar Pneumonia			(93)	How long	9 da -
	Immediate	Exhaustion				How long	3 hours
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					3 and 4th St. High and Low		
Accident or Suicide?		No					

From H. E. Hughes
17, S. Broadway

For interment at
McCarmel Cemetery.

Name
in
Full

Lester Clark -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Owings Mills</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>31</i>	Age <i>75</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation <i>Schoolteacher</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Robert Clarke</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Ann Allman</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	<i>27</i>	How long <i>2 years</i>
Immediate <i>Heart failure</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. H. B. [illegible] M.D.</i>
		Address <i>Owings Mills, Md.</i>
Accident or Suicide?		



Name
in
Full

Cohen, Sarah Rebecca

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Healdsboro ^{County} Bullo

Date of death 1906 ^{Month} March ^{Day} 3 ^{Years} 76 ^{Months} 0 ^{Days} 0

Sex Female Color or Race White Birth-place Germany

Occupation Housewife Where Residing If not at place of death X

Married, Single or Widowed Married Name of ~~Wife~~ or Husband Morris Cohen

Father's Name Lewis Agnik Father's Birthplace Germany

Mother's Maiden Name Annie Becker Mother's Birthplace Germany

Name of person giving information Morris Cohen (120) How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Senile Dementia How long 4 yrs.

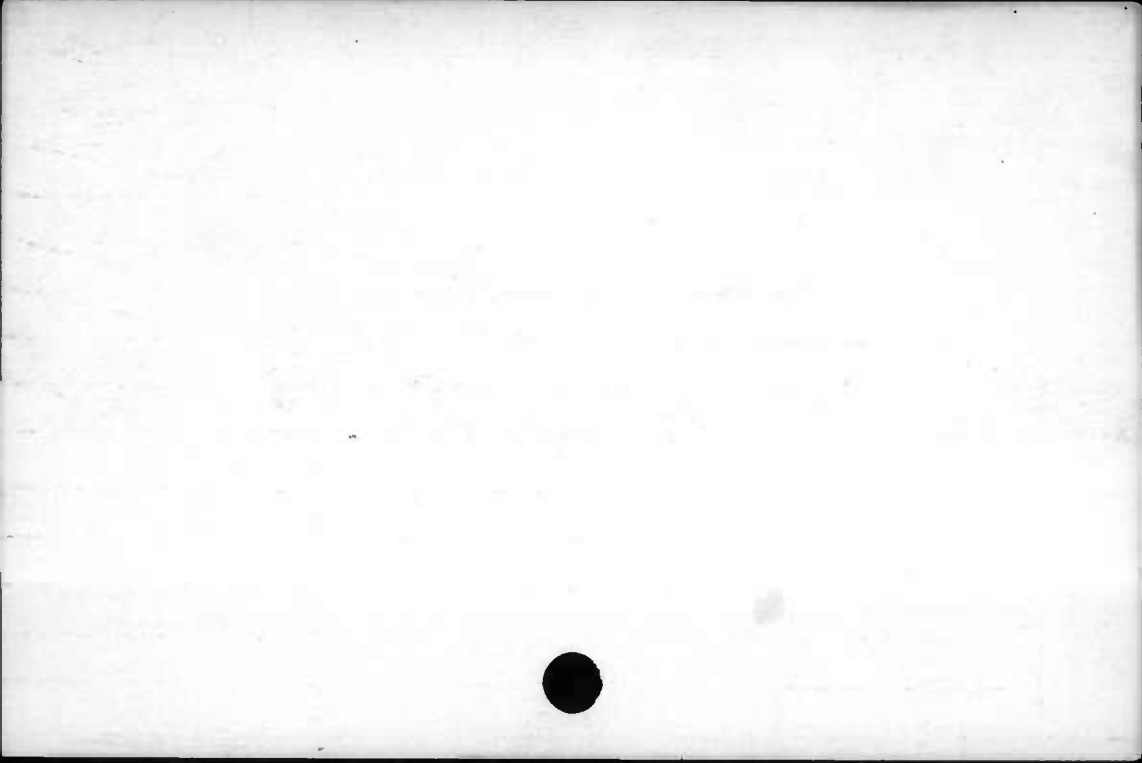
Immediate Chronic Bright's Disease How long 1 yr.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Dr. Wade

Address Healdsboro

Accident or Suicide? No.



Name
in
Full

Lenny Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *not known* *Balt* CountyDate of death *1906* Month *Mar* Day *14* Age *83* Years Months DaysSex *male* Color or Race *white* Birth-place *Baltimore*Occupation *Rail Road* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information *Bertner Dunn*How related to deceased *grandchild*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Dumbbells Gangrene*How long *18 days*Immediate *Paralysis Heart*How long *2 hrs*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *R. V. Adams*Address *Int'l Minors*

Accident or Suicide?

Western Cem

Ja B Cook

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDChild of *Wm. P. + Bridget Connelley*

Town

County

MARYLAND

Died at *March*

Date

1906

Month

March

Day

28

Years

Age

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*1805 Highland*

Occupation

*man*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Wm P. Connelley*Father's
Birthplace*Ireland*Mother's
Maiden Name*Bridget Murphy*Mother's
Birthplace*Ireland*Name of person giving
information*Wm P Connelley*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Prodromic of Card

How long

—

Immediate

How long

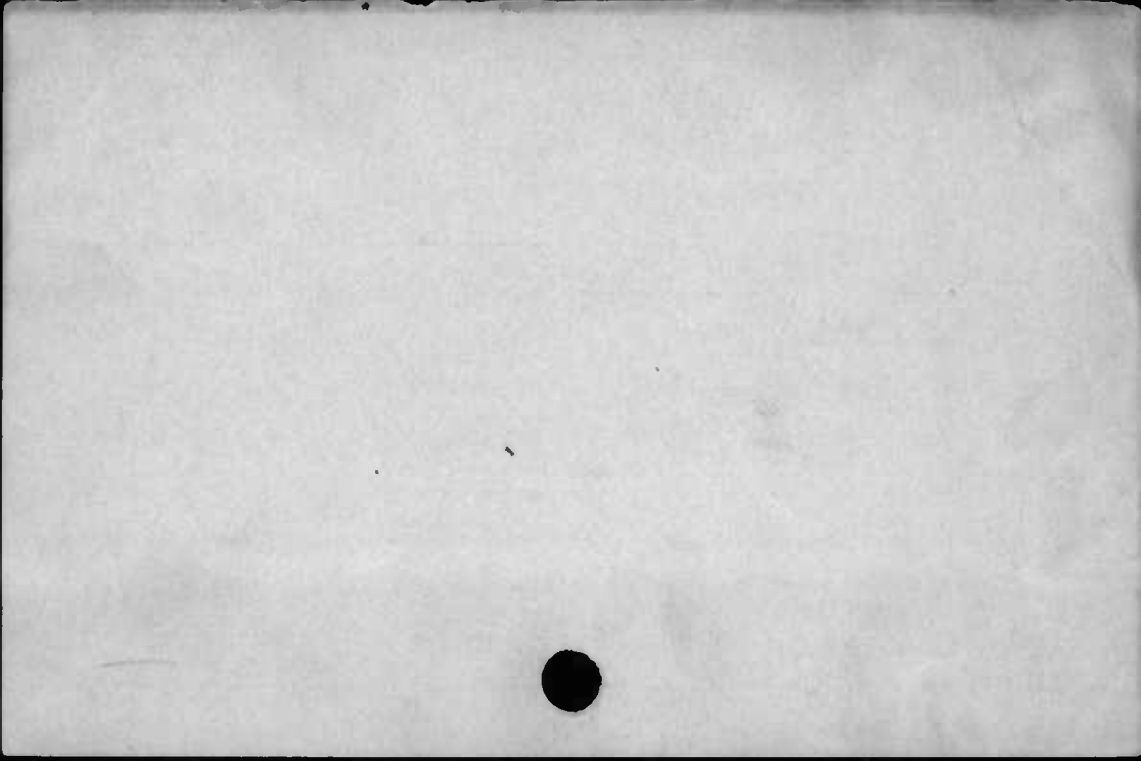
*—*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*J. M. Lempore*

Address

602 A Pecca St.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

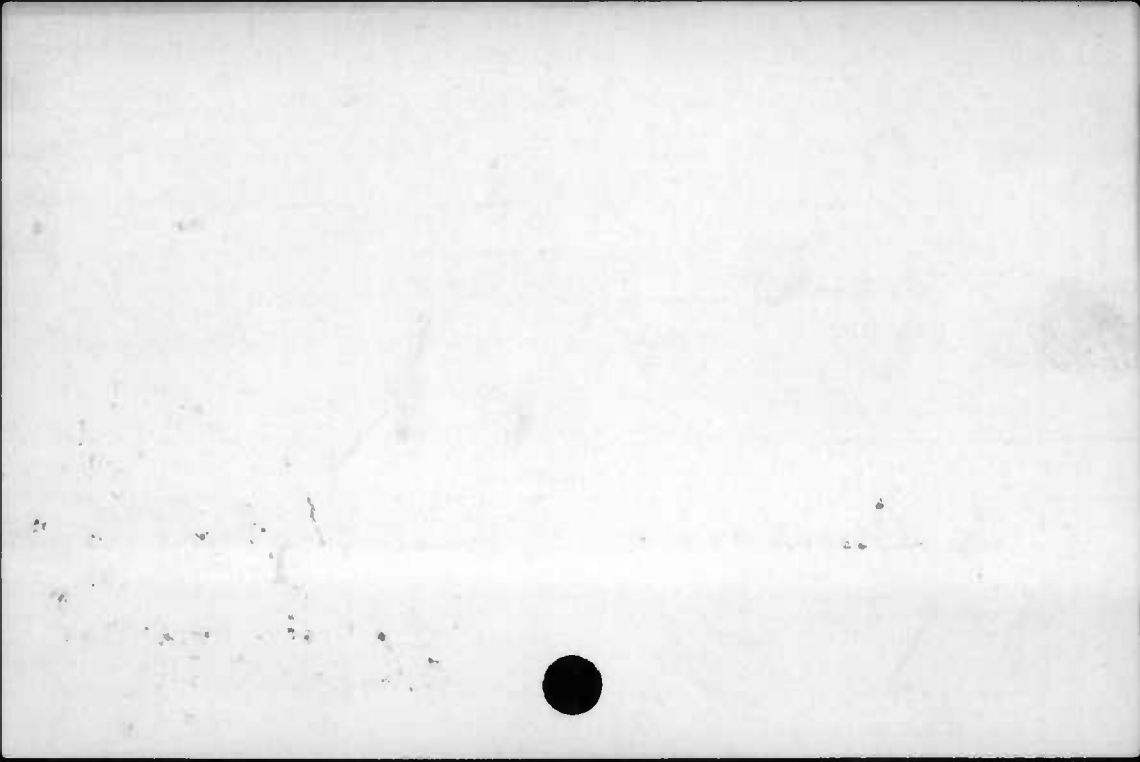
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i> ^{Town}		<i>Balto</i> ^{County} <i>Co</i>		MARYLAND	
Date of death	1904	Month	March	Day	30
Age	79	Years		Months	7
				Days	20
Sex	Female	Color or Race	White	Birth-place	Waterford Ireland
Occupation	House Wife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Samuel Henry Cooper		
Father's Name	John Irwin	Father's Birthplace	Waterford, I.		
Mother's Maiden Name	Honoria Heary	Mother's Birthplace	Kilkenny, I.		
Name of person giving information	Honoria L. Nottingham	How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	Seven days.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	James G. G. M.D.
		Address	Reisterstown
			Id.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

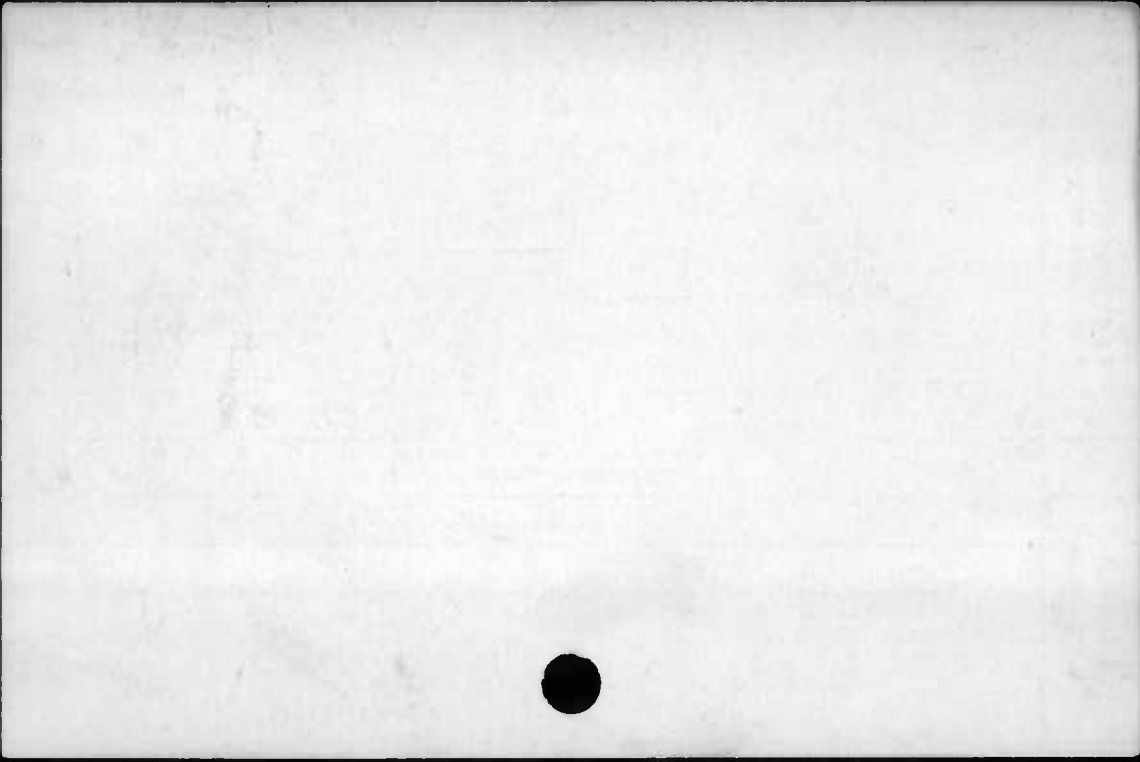
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1906</i> ^{Month}	<i>Aug.</i> ^{Day}	<i>30</i> ^{Years}	<i>79</i> ^{Months}	<i>8</i> ^{Days}
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Wexford, Ireland</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Charlotte Irvin</i>		
Father's Name	<i>Henry Cooper</i>			Father's Birthplace	<i>Wexford, Ireland</i>
Mother's Maiden Name	<i>Ruth Poole</i>			Mother's Birthplace	<i>Bray "</i>
Name of person giving information	<i>Honoria E. Worthington</i>			How related to deceased	<i>Daughter</i>

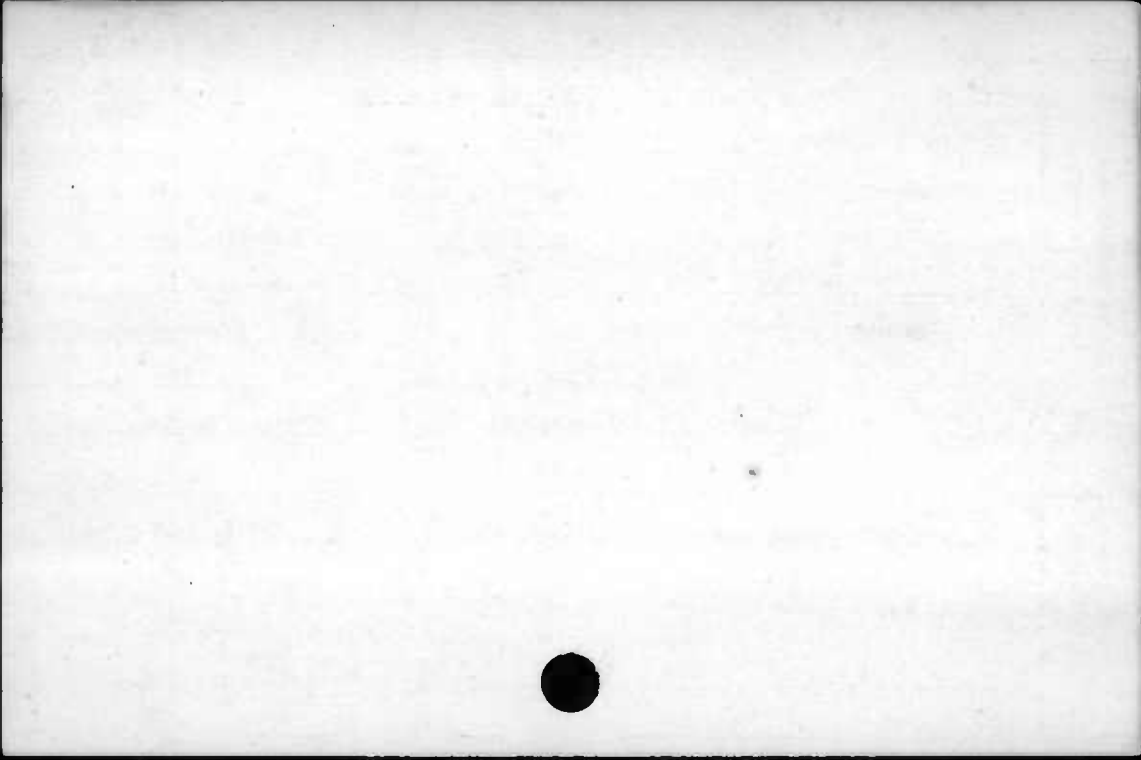
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>Eight days</i>
Immediate	<i>Yes</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>James Gore M.D.</i>
		Address	<i>Reisterstown Md</i>
Accident or Suicide?			



Name in Full		Lulu Cecilia Dames				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND			
		Died at <i>Woodensburg</i>		<i>Baltimore</i>					
		Date of death	1906	Month	<i>July</i>	Day	<i>2</i>	Years	<i>24</i>
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
		Occupation		Where Residing if not at place of death					
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband		<i>—</i>			
Father's Name		<i>Lewis Dames</i>				Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name		<i>Minnie Murphy</i>				Mother's Birthplace <i>Baltimore</i>			
Name of person giving In formation		<i>Elsie Dames</i>				How related to deceased <i>Sister</i>			
		CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Pulmonary Tuberculosis</i>				How long <i>1 yr</i>			
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>J. M. Slade</i>			
						Address <i>Registertown md</i>			
		Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

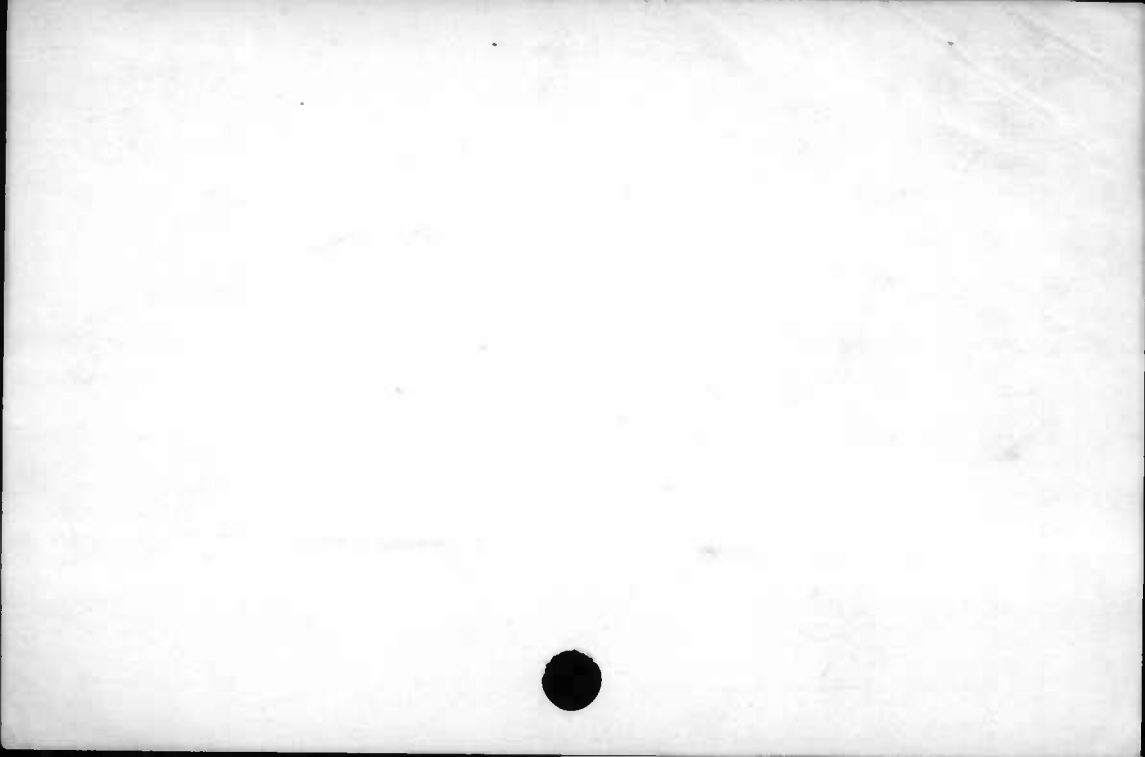
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u>		Town <u>Baltimore</u>		County <u>Baltimore</u>		MARYLAND	
Date of death	<u>1906</u>	Month <u>3</u>	Day <u>30</u>	Age	Years <u>17</u>	Months <u>—</u>	Days <u>—</u>
Sex	<u>Male</u>		Color or Race	<u>White</u>		Birth-place	<u>Gyackin</u>
Occupation	<u>White</u>			Where Residing if not at place of death <u>"</u>			
Married, Single or Widowed <u>Single</u>			Name of Wife or Husband <u>—</u>				
Father's Name <u>Isaac Gorman</u>			Father's Birthplace <u>Michigan</u>				
Mother's Maiden Name <u>Ida Gorman</u>			Mother's Birthplace <u>"</u>				
Name of person giving information <u>Robert Gorman</u>			How related to deceased <u>Brother</u>				

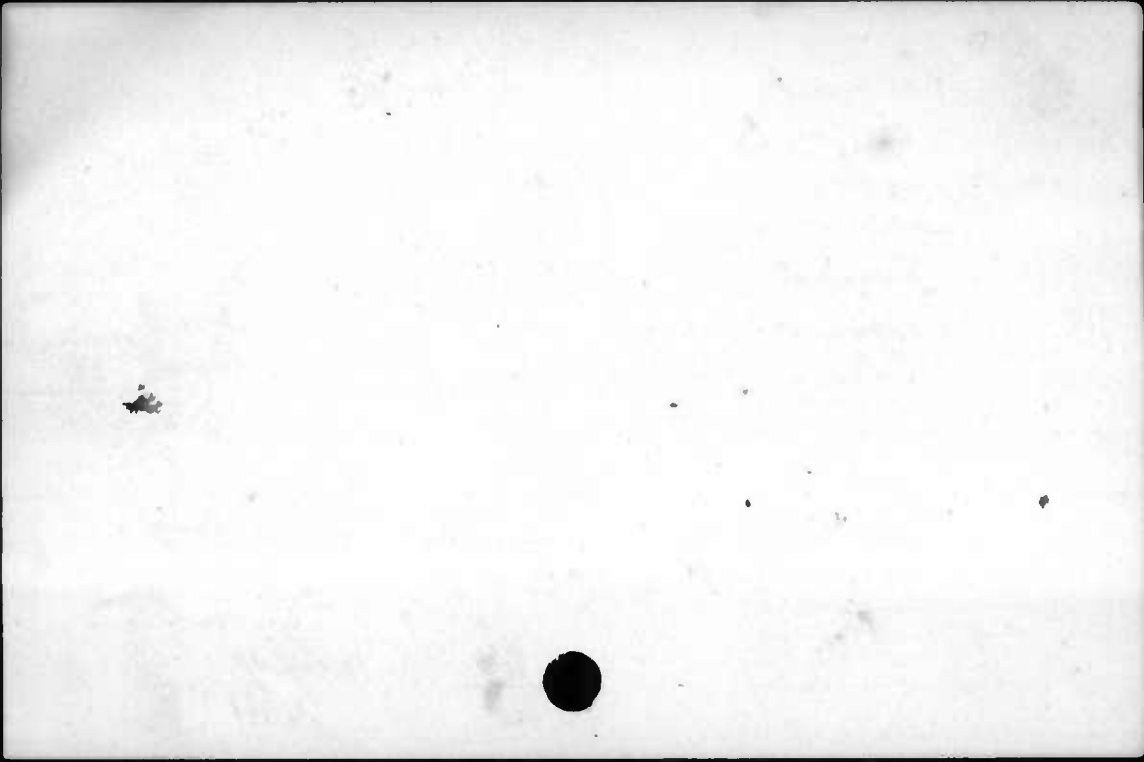
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>114</u>	How long	<u>7 weeks</u>
Immediate	<u>abscess of the liver</u>	How long	<u>7 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>A. J. G. Gaudin</u>	
		Address <u>—</u>	
Accident or Suicide? <u>—</u>			



Name in Full		Frederick Dargatzis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hartley		County Baltimore		MARYLAND
	Date of death	1906	Month March	Day 28	Age 61	Years 5	Months 23
	Sex	male		Color or Race	colored		Birth- place
	Occupation	farmer		Where Residing If not at place of death		Hartley	
	Married, Single or Widowed	married		Name of Wife or Husband		Alice Williams	
	Father's Name	Ben Dargatzis				Father's Birthplace	not known
	Mother's Maiden Name	Cynthia Meades				Mother's Birthplace	not known
	Name of person giving information	Geo. W. Dargatzis				How related to deceased	nephew
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Organic heart disease				How long	5 or 6 years
	Immediate	La'druppe				How long	4 or 5 days.
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Jno. S. Green.	
					Address	Gittings, Md.	
	Accident or Suicide?						



Name
in
Full

Fida Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Sheppard* ^{Town}

Balto. ^{County}

Date of death *1906* ^{Month} *March*

23 ^{Day}

Age *16* ^{Years}

3 ^{Months}

8 ^{Days}

Sex *Female*

Color or Race *Colored*

Birth-place *Balto W*

Occupation *Domest.*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *John Davis*

Father's Birthplace *Ind*

Mother's Maiden Name *Ellen Johnson*

Mother's Birthplace *Ind*

Name of person giving information *Ellen Davis*

How related to deceased *Mother*

CAUSES OF DEATH

Primary *Pregnancy*

How long *7 mo*

Immediate *Puerperal Eclampsia*

How long *48 hours*

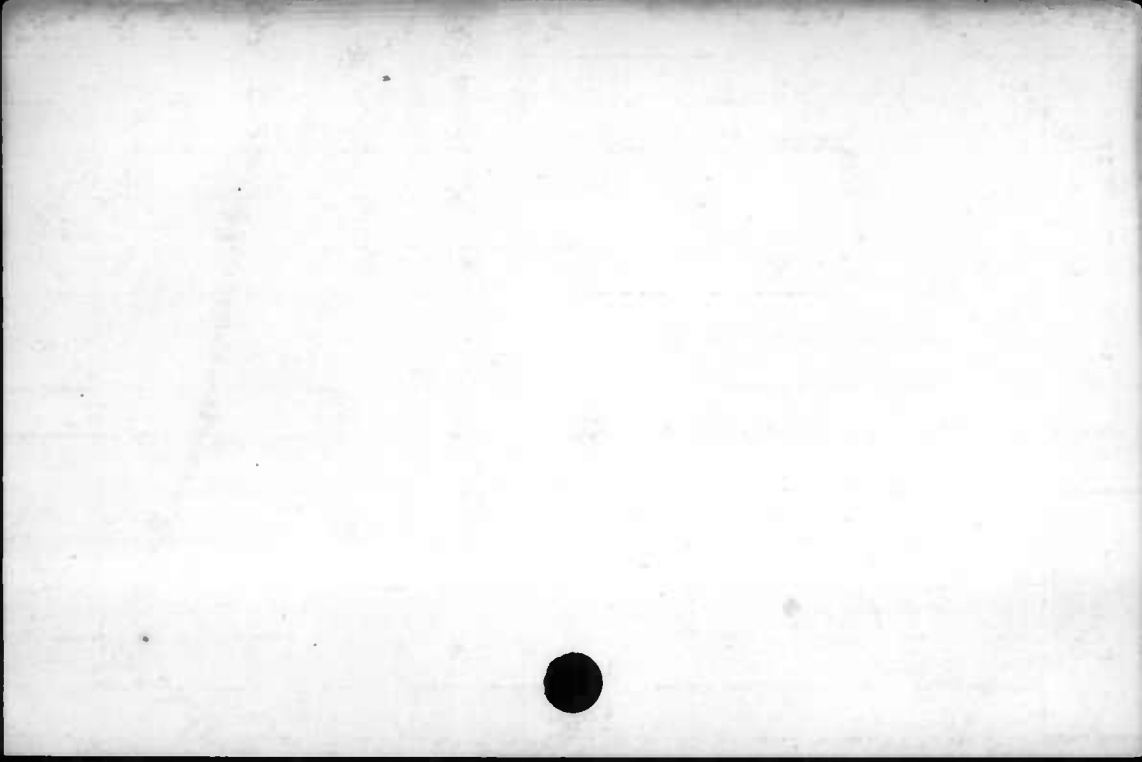
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *T. R. Payne*

Address *Groft*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Lewis* Town *Infant - Bird* County *Baltimore*

Date of death *1906* Month *March* Day *5* Age *—* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *white* Birth-place *Glyndon*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Chas Lewis* Father's Birthplace *Md*
Mother's Maiden Name *Jane Rayner* Mother's Birthplace *Md*
Name of person giving information *Chas Lewis* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Side B Stille Barn -* How long *—*

Immediate *—* How long *—*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. Rowbridge MD*
Address *Glyndon Md*
Accident or Suicide? *X*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Frederick Dehart</i>		Town <i>Texas</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Month <i>3</i>		Day <i>6</i>		Years <i>52</i>	
Date of death <i>1906</i>						Months Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Germany</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Dehart</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving In formation <i>Gen. Kappel</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>		How long <i>10</i>	
Immediate <i>La Grippe</i>		How long <i>about a week</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos. C. Bussey M.D.</i>	
		Address <i>Mexico</i>	
Accident or Suicide?			

1st Evangelical
H. Sander & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Dorsey

Died at *annapolis Road Balto*

Date of death 1906 Month 3 Day 11 Age 5 Months 21 Days

Sex male Color or Race cold Birth-place ind

Occupation Where Residing if not at place of death

~~Married~~, Single or Widowed Name of Wife or Husband

Father's Name *James Dorsey*

Father's Birthplace ind

Mother's Maiden Name *May Lunn*

Mother's Birthplace ind

Name of person giving information *James Dorsey*

How related to deceased *Father*

93

CAUSES OF DEATH

Primary *Primary Pneumonia*

How long

Immediate *Exhaustion*

How long *11 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. S. Hall*

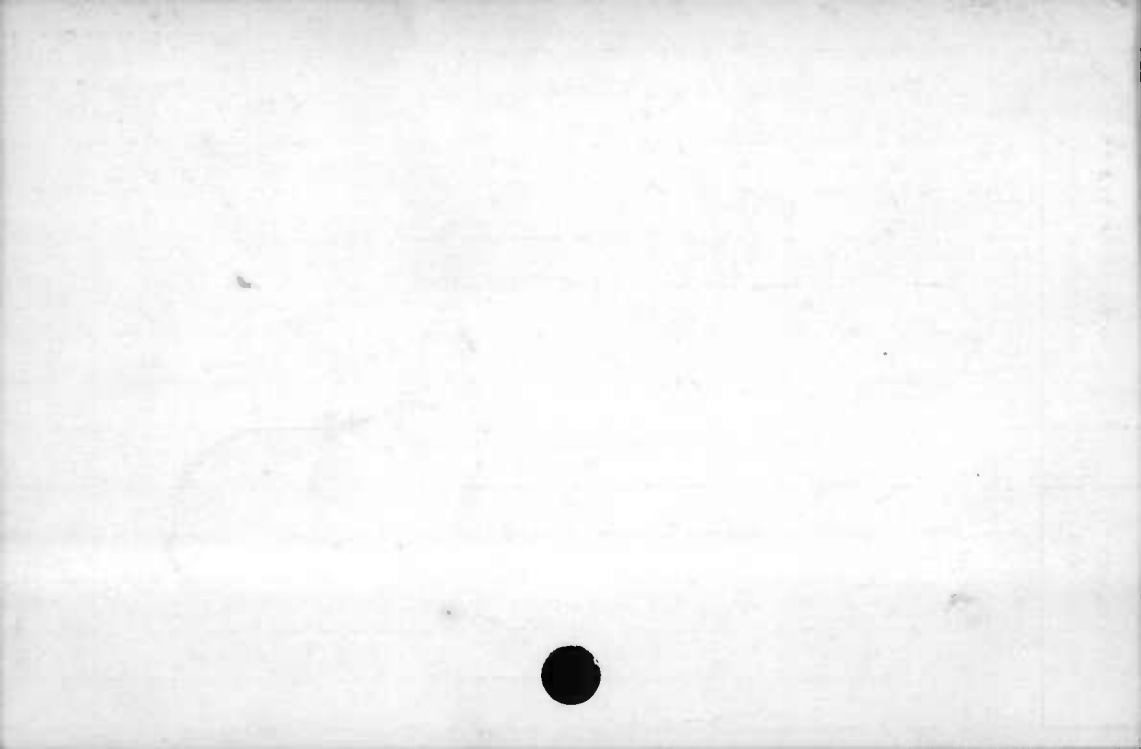
Address *W. T. Munn*

Accident or Suicide?

PHYSICIAN
OR CORONER

Wt. Auburn.

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Leahensville</u> <small>Town</small>		<u>Pauls</u> <small>County</small>		MARYLAND
	Date of death	<u>1906</u> <small>Year</small>	<u>March</u> <small>Month</small>	<u>25</u> <small>Day</small>	Age <u>43</u> <small>Years</small>
	Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>	Months Days
	Occupation <u>Laborer</u>		Where Residing if not at place of death <input checked="" type="checkbox"/>		
	Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <input checked="" type="checkbox"/>			
	Father's Name <input checked="" type="checkbox"/>	Father's Birthplace <input checked="" type="checkbox"/>			
	Mother's Maiden Name <input checked="" type="checkbox"/>	(19)		Mother's Birthplace <input checked="" type="checkbox"/>	
Name of person giving information <input checked="" type="checkbox"/>		How related to deceased <input checked="" type="checkbox"/>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<u>Epileptic Insanity</u>		How long	<u>7 yr.</u>
	Immediate	<u>Status Epilepticus</u>		How long	<u>1 hour.</u>
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Wesley Wade</u>		
	Address <u>Leahensville Md</u>				
Accident or Suicide? <u>No.</u>					



Name
in
Full

CERTIFICATE OF DEATH

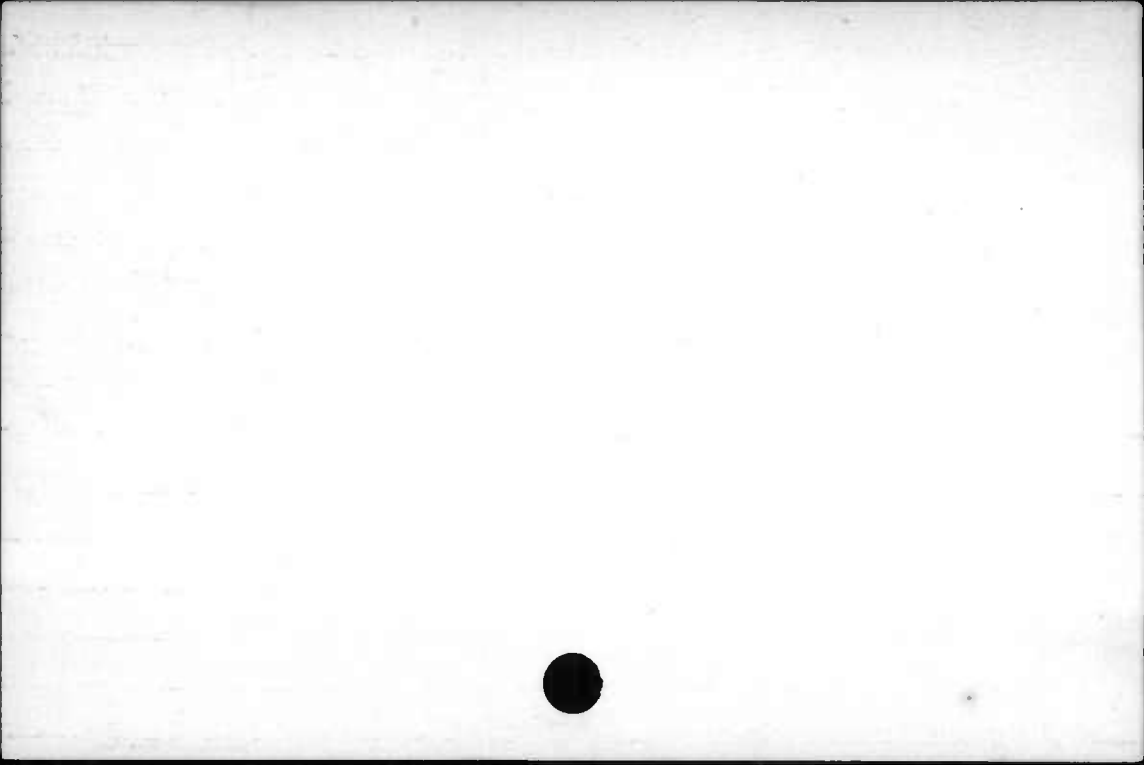
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Heatonville ^{Town} Bullo. ^{County}Date of death 1906 ^{Month} March ^{Day} 19 ^{Years} Age 62 ^{Months} 0 ^{Days} 0Sex Male Color or Race white Birth-place Maryland.Occupation Laborer Where Residing if not at place of death XMarried, Single or Widowed Single Name of Wife or Husband XFather's Name X Father's Birthplace XMother's Maiden Name X Mother's Birthplace XName of person giving information X How related to deceased X

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Senile Dementia How long 3 yrs.Immediate Valvular Disease of Heart How long 3 mos.Are the name, age, sex, color, date and place correctly given above? YesSignature of Physician Grey NadeAddress Heatonville, MdAccident or Suicide? No.



Name
in
Full

Susan A. Sawyer

CERTIFICATE OF DEATH

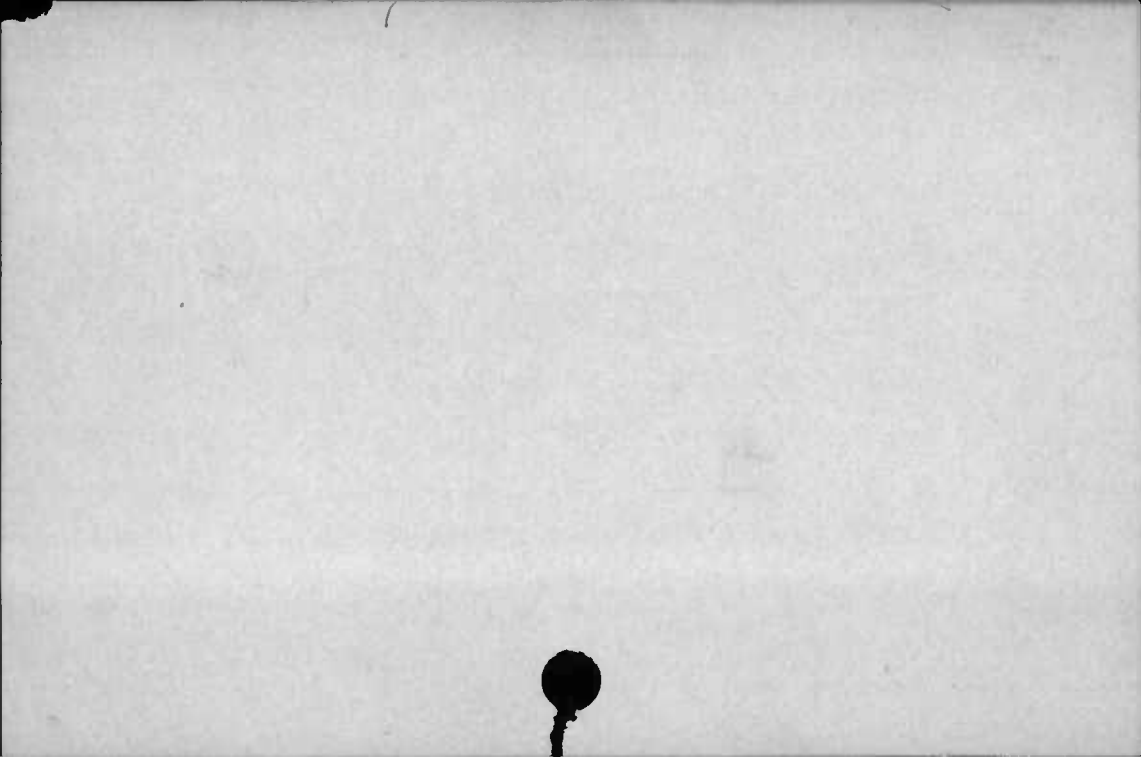
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town ~ Mr. Winans		County Balto.		MARYLAND	
Date of death	1906	Month Mar	Day 9	Age 68	Years	Months 2	Days 24
Sex	Female		Color or Race	White		Birth- place	Md
Occupation	✓			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband				
Father's Name	Wm R. Arley					Father's Birthplace	Md
Mother's Maiden Name	Mary Kaufman					Mother's Birthplace	Md
Name of person giving Information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	7 days
Immediate	Heart Failure	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. S. Lumpkin
		Address	658 Columbia Ave Baltimore City, Md.
Accident or Suicide?			



Name in Full		Town				County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Specimen Point		Baltimore		MARYLAND		
		Date of death		1906	Month	March	Day	11	Years	46
		Sex		Male		Color or Race		White		
		Occupation		Hotel Proprietor		Where Residing if not at place of death		Birth-place		W. G.
		Married, Single or Widowed		Single		Name of Wife or Husband		Emma H. Twist		
		Father's Name		Samuel L. Eldred				Father's Birthplace		N. Y.
		Mother's Maiden Name		Eldred H. Gurnsey				Mother's Birthplace		N. Y.
Name of person giving information		Frank C. Eldred				How related to deceased		Son		
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary				Pneumonia & Catarrh				
		Immediate				Coronary Dilatation & Aneurysm				
		Are the name, age, sex, color, date and place correctly given above?				yes				
		Signature of Physician				Frank C. Eldred M.D.				
Address				Specimen Point Md						
Accident or Suicide?		No								



Name
in
Full

John Englar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Reisterstown ^{md.} Baltimore ^{County}

MARYLAND

Date of death 1906 ^{Month} March ^{Day} 3rd ^{Years} Age 78 ^{Months} ONE ^{Days} 75Sex Male ^{Color or Race} White ^{Birth-place} near Union town, Md.^{Marrried, Single or Widowed} Married ^{Occupation} Tailor^{Name of Wife or Husband} Sarah Elizabeth Englar^{Father's Name} Conrad Englar^{Father's Birthplace}^{Mother's Maiden Name} Mary Yon^{Mother's Birthplace} Anna Arundel^{Name of person giving information} Mary D. VanDusen^{How related to deceased} Daughter

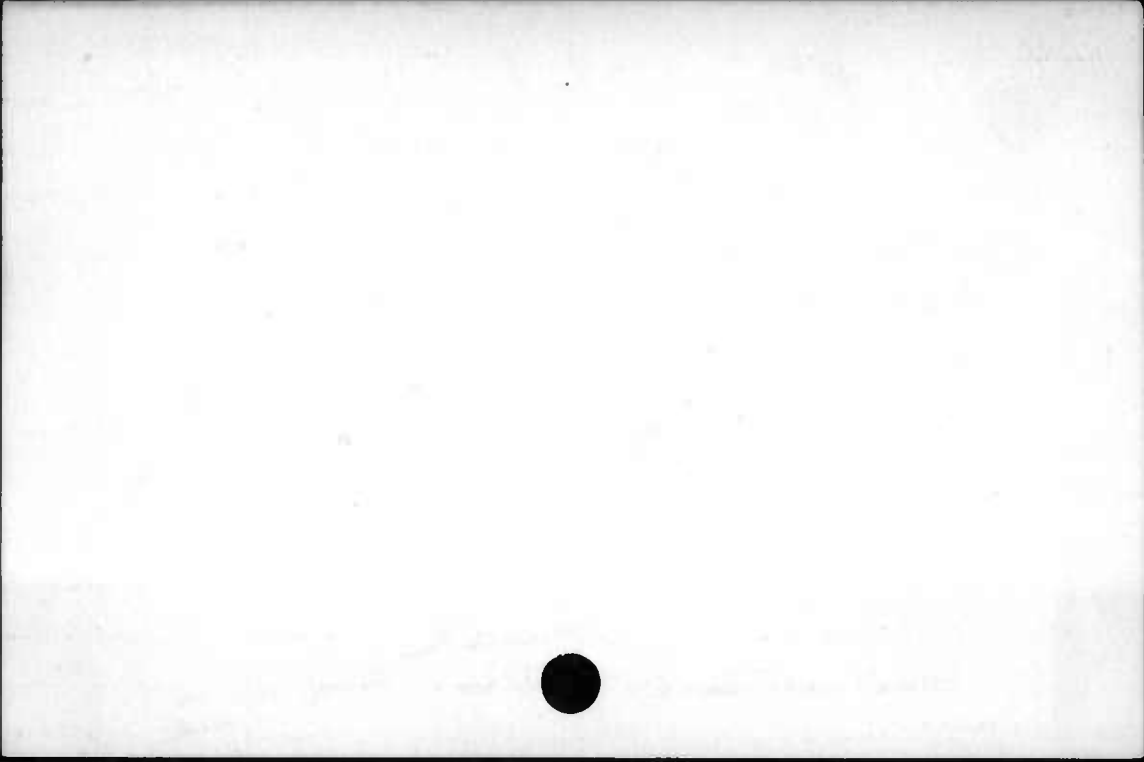
CAUSES OF DEATH

^{Primary} Cerebral Hemorrhage (64) ^{How long} Sudden^{Immediate}^{How long}

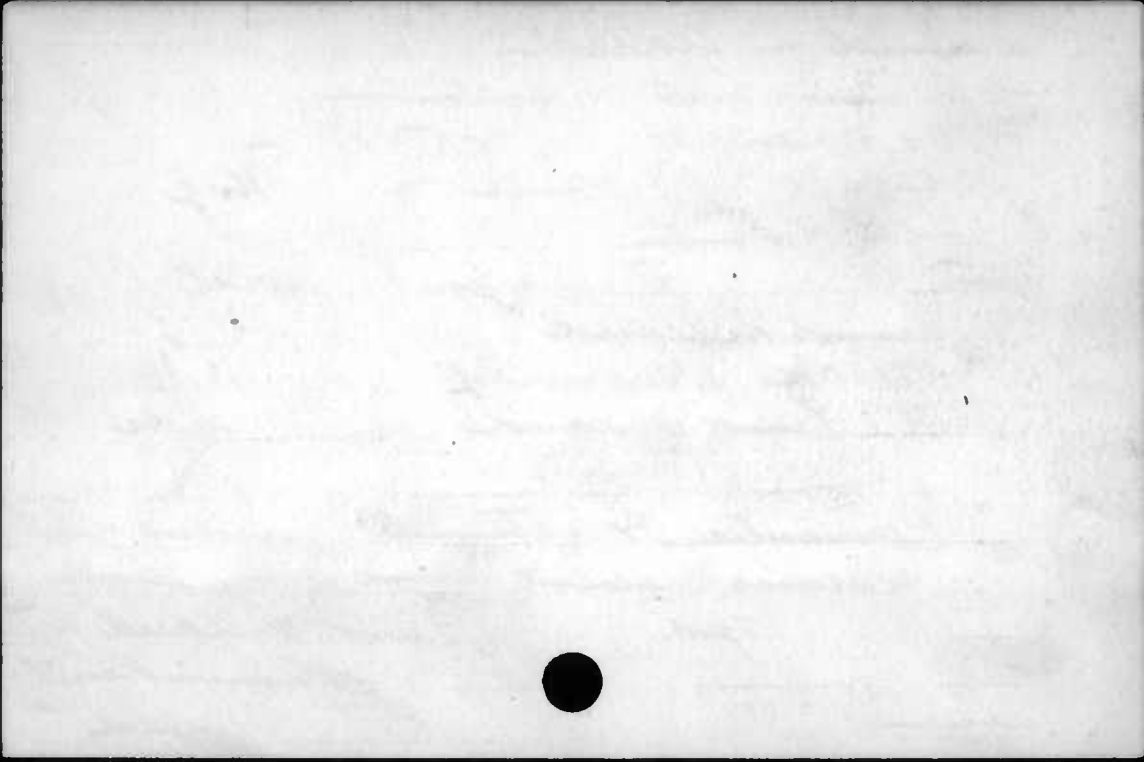
Are the name, age, sex, color, date and place correctly given above?

^{Signature of Physician} H. M. Slade^{Address} Reisterstown, Md.

Accident or Suicide?



Name in Full Ursula Marie Eppler		Town Balto		County Balto		CERTIFICATE OF DEATH	
Died at Highlandtown		Date of death 1908		Month 3		Day 17	
Age 4		Years 4		Months		Days	
Sex Female		Color or Race white		Birth-place Highlandtown			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Charles Eppler		Father's Birthplace Germany					
Mother's Maiden Name Dora Kunsellman		Mother's Birthplace					
Name of person giving information Charles Eppler		How related to deceased Father					
CAUSES OF DEATH							
Primary Serious fever High temperature & Measles		How long 3 weeks					
Immediate collapse		How long 6 hours					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. A. Glantz					
		Address 10 Eastern Ave					
Accident or Suicide?							



Name in Full

Mrs Elizabeth L Evans

Baltimore Md

Town

County

Died at Sheppard Enoch Pratt Hosp. Torran Balto Co MARYLAND

Date 1906 Month Mich Day 22 Age 52 - 21 Native of Md Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~ Number of children living none
Female ~~Colored~~ ~~Single~~ ~~Widower~~

Husband of Charles H Evans

Wife
Father's Name John Cox Mother's Maiden Name Elizabeth L Kirby

Cause of Death { Primary Broncho. Pneumonia How long sick 1 week
Immediate Cardiac Paralysis (92) Accident, Suicide, Homicide

Reported by Edward H Brown

Address Sheppard Enoch Pratt Hosp Torran Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Evans & Spence

1000 E Bact St

To

1701 N. Broadway

Name in Full

Certificate of Death

Chas. J. Fallau Jr.

Town

County

Died at

Roland Park, Balt.

MARYLAND

Date 19

06 Mar. 25

Age

Y. M. D. 1 - 6 -

Native of

Md

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Chas. J. Fallau

Mother's

Eva M. Bledso

Cause of

Primary

Chloroform Narcosis

How long sick

Death

Immediate

Paralysis Heart

Accident, Suicide, Homicide

Reported by

Hurray F. Casside Mm

Address

14 places Rd Roland Park Md

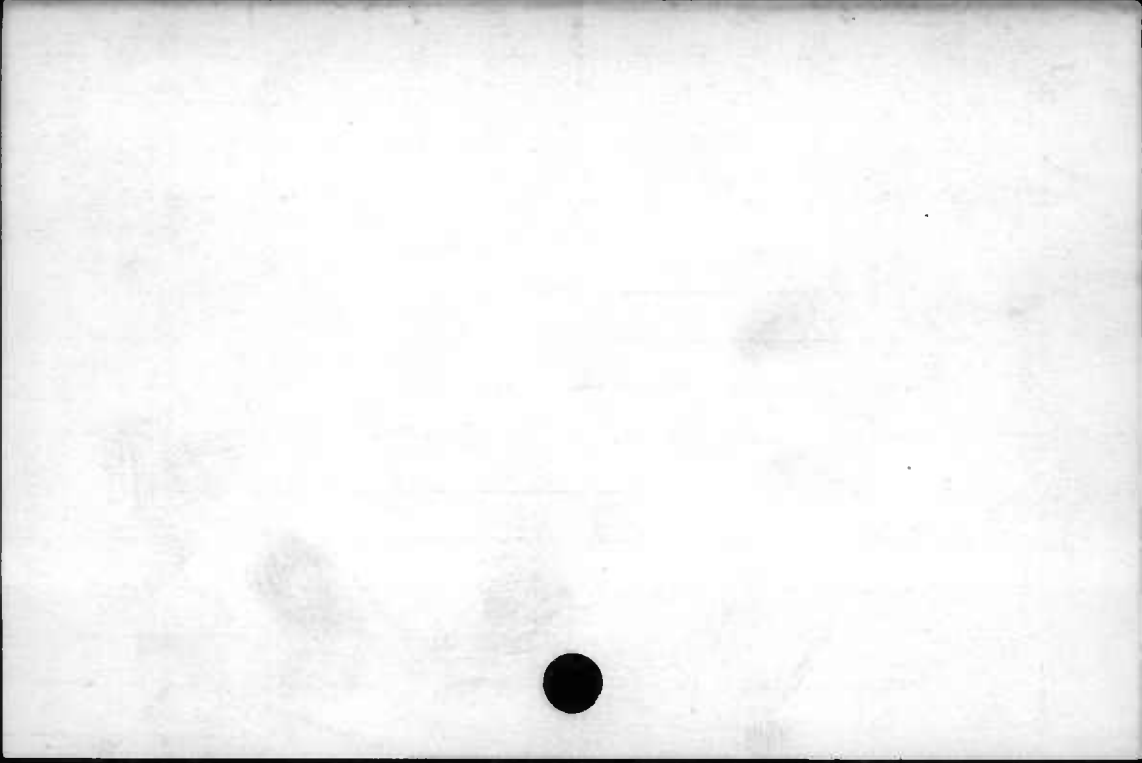
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Orville Ridge

A.C. Hidyfud.

Name in Full Thomas Flanagan		TOWN Catonsville		COUNTY Baltimore		CERTIFICATE OF DEATH	
Died at		Month March		Day 25		YEARS 76 years	
Date of death		Months		Days		MARYLAND	
Sex Male		Color or Race White		Birth-place Ireland			
Occupation Gardener		Where Residing if not at place of death Catonsville					
Married, Single or Widowed Married		Name of Wife or Husband Rachel Flanagan					
Father's Name Michael Flanagan		Father's Birthplace Ireland					
Mother's Maiden Name Do not know		Mother's Birthplace Ireland					
Name of person giving information Thos J. Flanagan		How related to deceased Son					
CAUSES OF DEATH							
Primary Chronic Bronchitis		How long Several years					
Immediate Gastric Catarrh - Inanition		How long Two months					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Wm. J. Maggill					
Yes		Address Catonsville Md					
Accident or Suicide?							



Name
in
Full

Florence Rosella Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Guilford</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	<u>90</u> <u>6</u> <u>Mar</u>	Month	<u>17</u> Day	Age <u>42</u> Years	Months <u> </u> Days <u> </u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Charleston W Va</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death		
Married, Single or Widow	Name of Wife or Husband		<u>Joseph Fletcher</u>		
Father's Name	<u>Turner Pinworth</u>		Father's Birthplace	<u>W Va</u>	
Mother's Maiden Name	<u>Hannah Nelson</u>		Mother's Birthplace	<u>W Va</u>	
Name of person giving Information	<u>Martha Stapp</u>		How related to deceased	<u>Sister</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Aortic and Mitral Insufficiency</u>	How long	<u>One or more years</u>
Immediate	<u>Cardiac Asthenia and Pulmonary Oedema</u>	How long	<u>4 or 5 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Frank D. Miller M.D.</u>
		Address	<u>Alber ton, Md</u>
Accident or Suicide? <u> </u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Highland Town* ^{County} *Balto*Date of death 1906 ^{Month} *March* ^{Day} *28* ^{Years} *67* ^{Months} *—* ^{Days} *—*Sex *female* Color or Race *white* Birth-place *Balto Co.*Occupation *—* Where Residing if not at place of death *1408 Highland Ave.*Married, Single or Widowed *Widow* Name of Wife or ~~Husband~~ *Elias K Frank*Father's Name *Robert Marsden* Father's Birthplace *—*Mother's Maiden Name *—* Mother's Birthplace *—*Name of person giving information *Edm C. Eckard* How related to deceased *Son in Law*

CAUSES OF DEATH

Primary *Valvular disease of the heart* How long *5 months*Immediate *Paralysis* How long *one hour*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Geo. T. Shower, M.D.*Address *421 Roland Ave.*Accident or Suicide? *No* *Balt. Md.*PHYSICIAN
OR CORONER

Burial at Alecia Md

March 30/906.

William Cook
5026 North Ave

Name
in
Full

Emily J. Frisby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highlandtown</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	Month <u>March</u>	Day <u>23</u>	Age <u>67</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Occupation <u>Butter dealer</u>	Where Residing if not at place of death <u>1653 E Monument St</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Issac Marsh</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>don know</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Mary Frisby</u>	How related to deceased <u>daughter in law</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Crushed to death</u>	How long <u>—</u>
Immediate <u>4</u> <u>6</u> <u>"</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of <u>John C. Mueller</u>
	Address <u>801 N Clinton St</u>
Accident or Suicide <u>—</u>	



Name
in
Full

Walter C. Fuller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Parkville</i> <small>Town</small>			<i>Balto.</i> <small>County</small>			MARYLAND		
Date of death 190 <i>6</i>		Month <i>3</i>	Day <i>20</i>	Age	Years	Months <i>23</i>	Days	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Balto.</i>				
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>								
Father's Name <i>Wilfred H. Fuller</i>				Father's Birthplace <i>Balto., Co., Md.</i>				
Mother's Maiden Name <i>Rose L. Dink</i>				Mother's Birthplace <i>Charles Co., Md.</i>				
Name of person giving information <i>Wilfred Fuller</i>				How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i> (4)	How long	<i>3 wks</i>
Immediate	<i>Croupous Pneumonia</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geary A. Long M.D.</i>	
		Address <i>Hammonds</i>	
Accident or Suicide?			

Entertainment Hess Cemetery
Horsford Road

Geo. W. Grauman
undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jas. M. Gallagher</i>		Town <i>Goravestown</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death 190 <i>6</i>		Month <i>McK</i>		Day <i>20</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Age <i>51</i>		Years <i>51</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Clerk</i>		Birth- place <i>Maryland</i>		Months <i>—</i>	
Name of Wife or Husband <i>Dora Gallagher</i>		Father's Name <i>Jas. L. Gallagher</i>		Father's Birthplace <i>Penna</i>		Mother's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Mary L. Stevens</i>		Name of person giving In formation <i>Dora Gallagher</i>		How related to deceased <i>wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer</i>	How long <i>1 year</i>
Immediate <i>Exhaustion</i>	How long <i>several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Duncan</i>
	Address <i>Goravestown</i>
Accident or Suicide? <i>—</i>	

H. C. Medfield
914 Greenmount, Av.

Laudon Park.

Name In Full

Certificate of Death

Alfred Smain Gardner (Baltimore)

Died at St E. P. Hosp^l County Town Balt Co MARYLAND

Date 19 06 3 19 Age 84-1-17 Male White ~~Black~~ Single Widow ~~Divorced~~ Native of Md Occupation ~~—~~

Husband of
Wife

Father's Name Ephraim Gardner Mother's Name Mary Smain
Maiden Name

Cause of Death { Primary Pneumonia
Immediate Suicide

(93)

How long sick

4 days

~~Accident, Suicide, Homicide~~

Reported by Edward A. Brush

Address Sheppard Church ● Pratt Hosp^l Town

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75808

L M Mitchell

1201 W Fayett St

Place of Burial

Friends Cemetery

Name
in
Full

John Gorman

CERTIFICATE OF DEATH

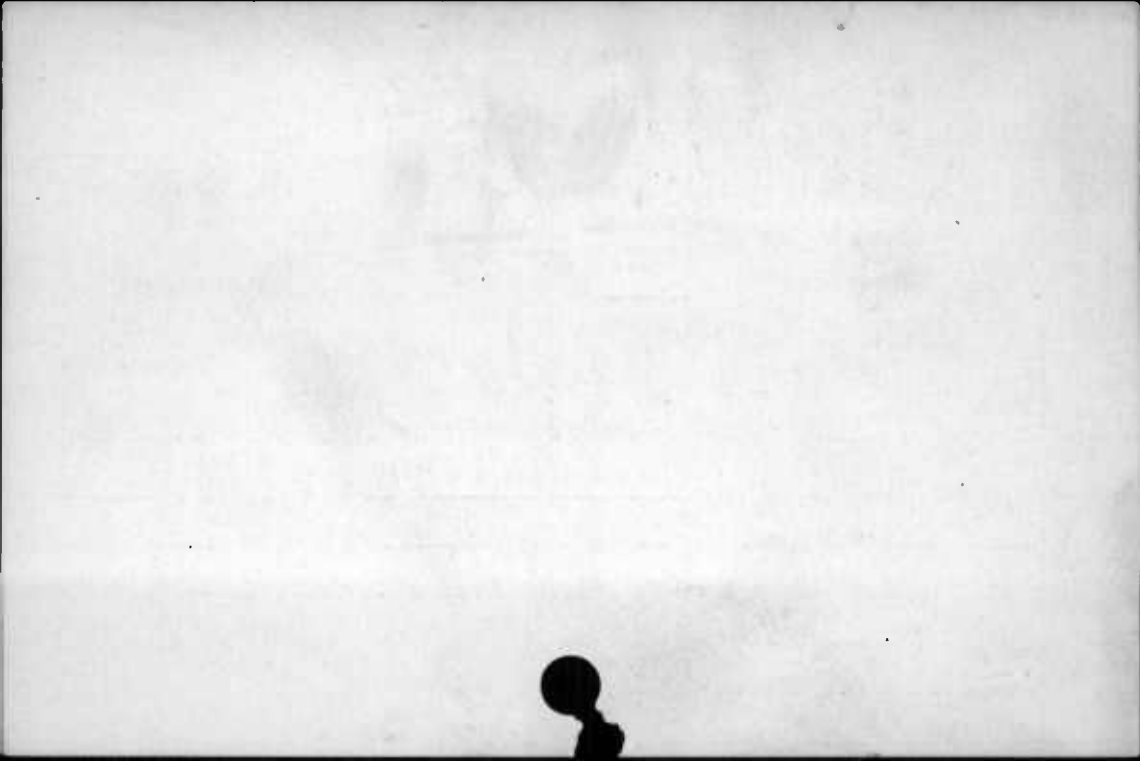
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leanton</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death	<u>1906</u> ^{Month}	<u>11</u> ^{Day}	Age <u>74</u> ^{Years}	<u>9</u> ^{Months}	<u>-</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birthplace	<u>Germany</u>
Occupation	<u>Baker</u>		Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Mary -</u>		
Father's Name	<u>Not known</u>		Father's Birthplace	<u>Germany</u>	
Mother's Maiden Name	<u>Not known</u>		Mother's Birthplace	<u>4</u>	
Name of person giving information	<u>Mrs Franz</u>		How related to deceased	<u>None</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Senility</u>	How long	<u>-</u>
Immediate	<u>Diarrhea</u>	How long	<u>10 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Chas. H. Hays</u>
		Address	<u>2 Harrison St</u>
Accident or Suicide? <u>✓</u>			



Name
in
Full

Eleanor Gosnell

CERTIFICATE OF DEATH

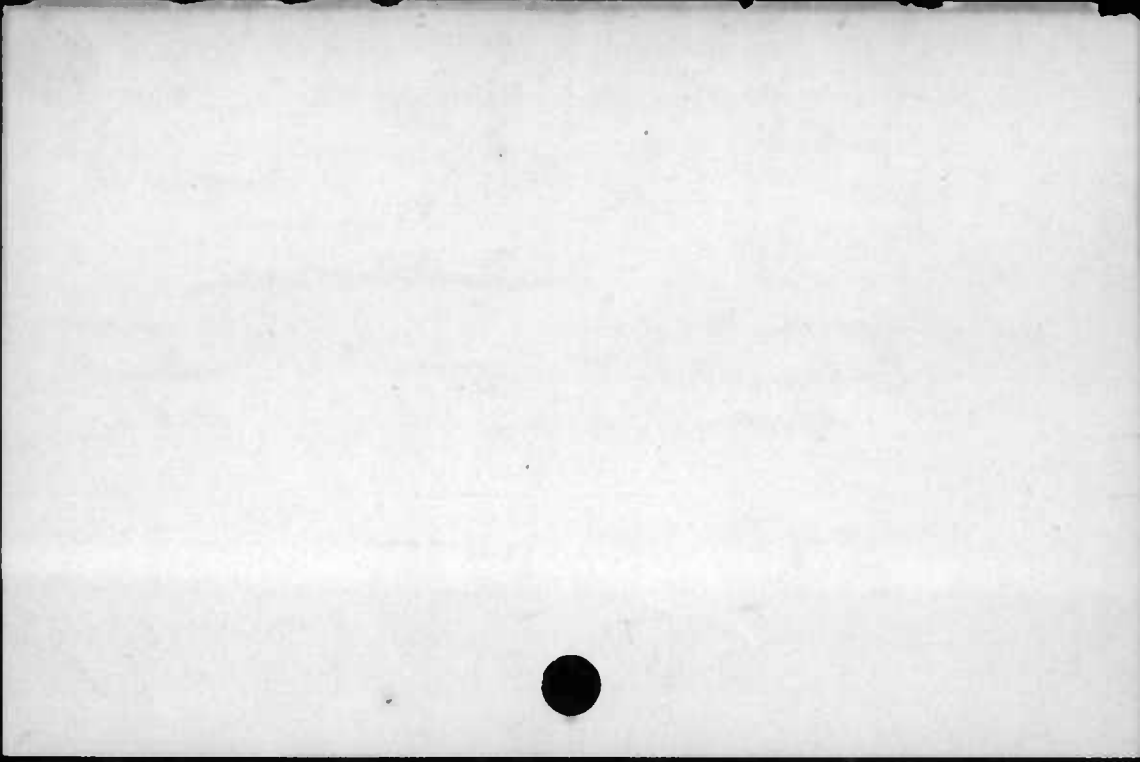
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Rustatown</i>		County <i>Balto</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1906</i>	<i>Mar</i>	<i>13</i>	<i>83</i>		
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balto. Co. Md</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Perry G. Gosnell</i>				
Father's Name <i>Wm. Oural</i>	Father's Birthplace				
Mother's Maiden Name <i>Katie Dorsey</i>	Mother's Birthplace				
Name of person giving information <i>Albert B. Gosnell</i>	How related to deceased <i>Don</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>Four days</i>
Immediate <i>Cardiac Failure</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Seader</i>
	Address <i>Reisterstown Md</i>
Accident or Suicide?	



Name
in
Full

Wm. F. Hagan

CERTIFICATE OF DEATH

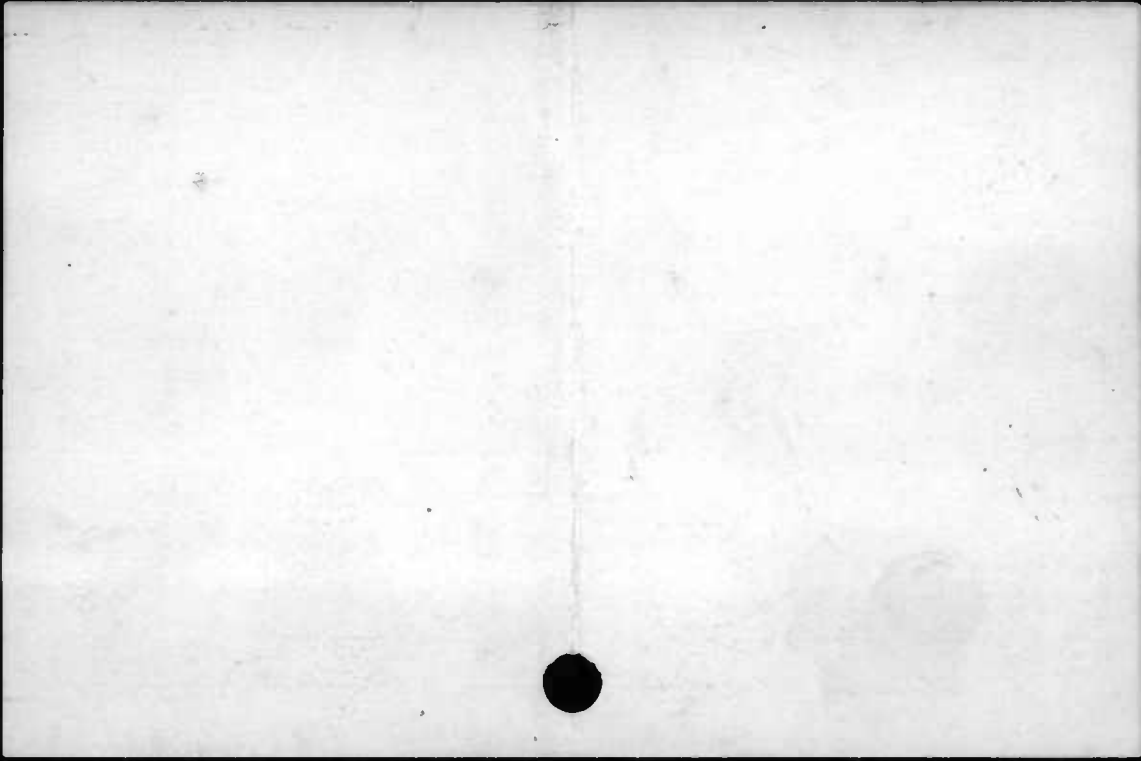
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Baldwin</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>March</i>	Day <i>26</i>	Years <i>75</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife <i>Mary Donohue</i> Husband			
Father's Name <i>Thomas Hagan</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Ellen Matthews</i>		Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>Mary Hagan</i>		How related to deceased <i>wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>not known</i>
Immediate " " "	How long " "
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. S. Green</i>
	Address <i>J. S. Green, Md.</i>
Accident or Suicide?	



Name
in
Full

Mary A. Hammel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Highlandtown		County Balto		MARYLAND	
Date of death	1906	Month 3	Day 30	Age 52	Years 10	Months 2	Days
Sex	Female		Color or Race	White		Birth- place	Balto
Occupation	Housework			Where Residing if not at place of death 7 N. Clinton St.			
Married, Single or Widowed	Widow		Name of Wife or Husband	John Hammel			
Father's Name	_____					Father's Birthplace	_____
Mother's Maiden Name	_____					Mother's Birthplace	_____
Name of person giving information	John Hammel					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Heart Disease	How long	4 weeks
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Edw. M. Siegrwald
		Address	5 N. Washington St Baltimore Md
Accident or Suicide?	no		

Holy Redeemer learn.
Herrig & Son
4/3/06

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John Hammond*
Roland Park Town *Ballo* CountyDate of death *1906* Month *Feb* Day *23* Age *18* Years Months *—* Days *—*Sex *Male* Color or Race *Colored* Birthplace *Ballo Co*Occupation *Waiter* Where Residing if not at place of death *—*Married, Single *Single* Name of Wife or Husband *—*Father's Name *Don't know* Father's Birthplace *—*Mother's Maiden Name *Jane Hammond* Mother's Birthplace *Snow Hill*Name of person giving information *Annie Dixon* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Diphtheria* *9* How long *about 6 days*Immediate *Septic infection - + Collapse* How long *1 day*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Wm. H. Fiedlerman*
Address *Cor. Chestnut & 1st Ave*

Accident or Suicide?

Felix B Pye

~~Laurel Counting~~
~~Book Co~~

old

Name
in
Full

Anna M Heydenreich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Gardenville</i>		^{County} <i>Balto</i>		MARYLAND	
Date of death	^{Month} <i>March</i>	^{Day} <i>4</i>	^{Years} <i>73</i>	^{Months} <i>4</i>	^{Days} <i>2</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>York Co Pa</i>
Occupation	<i>House wife</i>		Where Residing if not at place of death <i>Place of death</i>		
Married, Single or Widowed	<i>Widow</i>	Name of Wife Husband	<i>Emil Heydenreich</i>		
Father's Name	<i>John Messersmith</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Elizabeth Kleindienst</i>		Mother's Birthplace	<i>11</i>	
Name of person giving information	<i>Ivan A Beck</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Uterus</i>	How long	<i>2 or 3 years</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. R. Roy</i>
		Address	<i>809 N Charles St. Balt. Md</i>
Accident or Suicide?			



Name
in
Full

Helen L. Hermansdorfer,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bay View		County Baltimore		MARYLAND	
Date of death		1906	Month 3	Day 15	Age 1	Years 8	Months —
Sex Female		Color or Race White		Birthplace Bay View			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Michael Hermansdorfer,		Father's Birthplace Md					
Mother's Maiden Name —		Mother's Birthplace " "					
Name of person giving information Ellie M. Hermansdorfer,		How related to deceased mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Congestion of lungs.	How long	3 days.
Immediate	Asphyxiation	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. Schofield	
Address		1400 Forest St.	
Accident or Suicide?		—	

MA 6 annel lemn.

J Herwig & Son

8/16/06

Name in Full <i>Still born child of</i> <i>H.D. and Elizabeth Murray Hodges</i>		Town <i>Roland Park</i>		County <i>Bates</i>		CERTIFICATE OF DEATH		
						MARYLAND		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Roland Park</i>		Date of death 190 <i>6</i>		Month <i>March</i>	Day <i>15</i>	Age <i>—</i>	
	Sex <i>Male</i>		Color or Race <i>white</i>		Months <i>—</i>		Days <i>—</i>	
	Married, Single or Widowed <i>S</i>		Occupation <i>—</i>		Birth-place <i>Roland Park</i>			
	Name of Wife or Husband <i>—</i>							
	Father's Name <i>H D Hodges</i>		Father's Birthplace <i>Maryland</i>					
	Mother's Maiden Name <i>Elizabeth Murray</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>H D Hodges</i>		How related to deceased <i>Father</i>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Premature Birth</i>		How long <i>15</i>					
	Immediate <i>Incerted Fetus</i>		How long					
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M Gibson Porter</i>					
			Address <i>Roland Park</i> <i>Bates Co Md.</i>					
Accident or Suicide?								

J. H. W. Jenkins & Sons Co

Interment - Loudon Park Cem

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>St. Agnes Hosp.</i>		County <i>Balto.</i>		State MARYLAND
	Date of death <i>1906</i>	Month <i>3</i>	Day <i>28</i>	Age <i>35</i>	Months <i>—</i> Days <i>—</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>	
	Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>—</i>		
	Father's Name <i>—</i>		Father's Birthplace <i>—</i>		
	Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>		
PHYSICIAN OR CORONER	Name of person giving information <i>—</i>		How related to deceased <i>—</i>		
	CAUSES OF DEATH				
	Primary <i>Consumption</i>		How long <i>—</i>		(27)
	Immediate <i>Exhaustion</i>		How long <i>—</i>		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frank Norae, MD</i>			
<i>Yes</i>		Address <i>St. Agnes Hospital</i>			
Accident or Suicide? <i>—</i>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Trout Creek, Hampden Hills</i>		County <i>Balto</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>March</i>	Day <i>25</i>	Age <i>2</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Tully Hill</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Louis Huff</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Pauline Everhardt</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Louis Huff</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Burns</i>	How long <i>4 days</i>
Immediate <i>Failure Vital Forces</i>	How long <i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Liegard Whitford</i>
<i>Yes</i>	Address <i>Hulltown, Md.</i>
Accident or Suicide? <i>X</i>	

St Petri

Name
in
Full

Robert J. Ivory

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Hope Retreat		County Baltimore Co		MARYLAND	
Date of death	1906	Month mch	Day 4th	Age	40	Years	Months Days
Sex	Male		Color or Race	White		Birth- place	Pa -
Occupation	Contractor			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Married			Unknown				
Father's Name	Unknown					Father's Birthplace	Unknown
Mother's Maiden Name	"					Mother's Birthplace	"
Name of person giving Information						How related to deceased	Not at all.
Reeds of Mt Hope Retreat							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Aneurysm	How long	6 mos. (?)
Immediate	Ex Cerebral Congestion	How long	abt 13 days.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Frank J. Flannery M.D.	
Address		Mt Hope Retreat Baltimore Co Md.	
Accident or Suicide			



Name in Full John H Johnson		CERTIFICATE OF DEATH	
Died at Prossville <small>Town</small>		Blair <small>County</small>	
Date of death 1906 <small>Month</small> March <small>Day</small> 5		Age 46 <small>Years</small>	
Sex Male		Color or Race Cor -	
Occupation Saboteur		Where Residing if not at place of death —	
Married, Single or Widowed —		Name of Wife or Husband Ella Johnson	
Father's Name —		Father's Birthplace —	
Mother's Maiden Name —		Mother's Birthplace —	
Name of person giving information Ella Johnson		How related to deceased Wife	
CAUSES OF DEATH			
Primary Infantile Heart Disease		How long 1 year	
Immediate Disease		How long 1 year	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician C. V. V. V. V.	
Accident or Suicide? —		Address Prossville	

Are you coming
every day

Name
in
Full

Mary Rebecca Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Seaside Church* ^{County} *Baltimore*

MARYLAND

Date of death ^{Month} *1906* ^{Day} *March* ^{Years} *30* ^{Months} *4* ^{Days} *30*Sex *Female* Color or Race *White* Birth-place *Baltimore*Occupation *Housewife* Where Residing if not at place of death Married, Single or Widowed *Widowed* Name of Wife or Husband *John George Walter Johnson*Father's Name *Michael Daly* Father's Birthplace *Ireland*Mother's Maiden Name *Ann McCasnet* Mother's Birthplace *Ireland*Name of person giving information *John Johnson* *10* How related to deceased *Son*

CAUSES OF DEATH

Primary *La Grippe* *Continued* How long *One month*
Immediate *Bronchitis* How long *One month*Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *J. W. White M.D.*Address *Glyndon, Ind.*Accident or Suicide? *No*PHYSICIAN
OR CORONER



Name
in
Full

Helen Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Manor</u> <small>Town</small>			<u>Baltimore</u> <small>County</small>			MARYLAND	
Date of death 190 <u>6</u>	Month <u>Mar.</u>	Day <u>20</u>	Age <u>4</u> <small>Years</small>	Months <u>5</u>	Days <u>21</u>		
Sex <u>female</u>	Color or Race <u>black</u>			Birth-place <u>Manor, Md.</u>			
Married, Single or Widowed <u>single</u>			Occupation <u>_____</u>				
Name of Wife or Husband <u>_____</u>							
Father's Name <u>Edward Jones</u>				Father's Birthplace <u>Va.</u>			
Mother's Maiden Name <u>Isabel Ross</u>				Mother's Birthplace <u>Baltimore, Md.</u>			
Name of person giving information <u>Isabel Ross</u>				How related to deceased <u>mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Burn of entire body</u>	How long <u>1/2 hour</u>
Immediate	<u>(due to oil stove)</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Thos. H. Emory, Jr., D.</u>
		Address <u>Monteton, Md.</u>
Accident or Suicide? <u>accident</u>		



Name
in
Full

William Lawrence Jones

CERTIFICATE OF DEATH

Died at Glyndon

Town

Balto

County

MARYLAND

Date of death 1906

Month

March

Day

9

Age 19

Years

Months

4

Days

13

Sex Male

Color or
Race

Colored

Birth-
place

Baltimore

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Nathan L. Jones

Father's
Birthplace

Va

Mother's
Maiden Name

Mariah L. Jackson

Mother's
Birthplace

Md

Name of person giving
Information

Nathan L. Jones

How related
to deceased

Father

CAUSES OF DEATH

Primary

Tuberculosis Pulmonalis

How long

4 mos

Immediate

Breast Failure

How long

24 hrs

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. R. Rouse
Glyndon

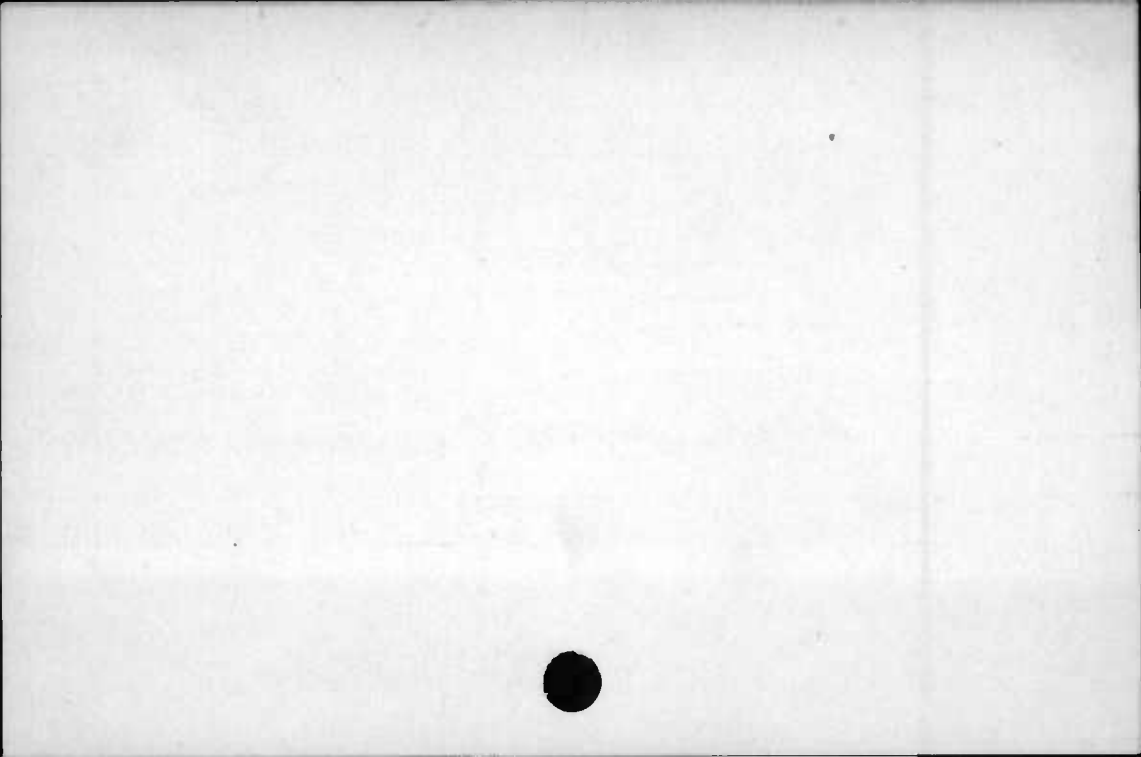
Accident or Suicide?

X

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Harry Kandel				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Highlandtown		County Balto.		MARYLAND			
	Date of death		1906	Month March	Day 30	Age	Years 5	Months -	Days -	
	Sex		Male		Color or Race		White		Birth-place	Balto City
	Occupation -					Where Residing if not at place of death -				
	Married, Single or Widowed				Name of Wife or Husband					
	Father's Name					Father's Birthplace				
	Mother's Maiden Name					Mother's Birthplace				
Name of person giving information					How related to deceased					
					<div>CAUSES OF DEATH</div>					
PHYSICIAN OR CORONER	Primary		Chronic Nephritis			How long		8 mos		
	Immediate		General Anasarca			How long		1 month		
	<div>X</div> Are the name, age, sex, color, date and place correctly given above?			Yes			Signature of Physician			
				No			Address			
	Accident or Suicide?			No			<div>✓</div>			



Name
in
Full

Catherine Kegg

CERTIFICATE OF DEATH

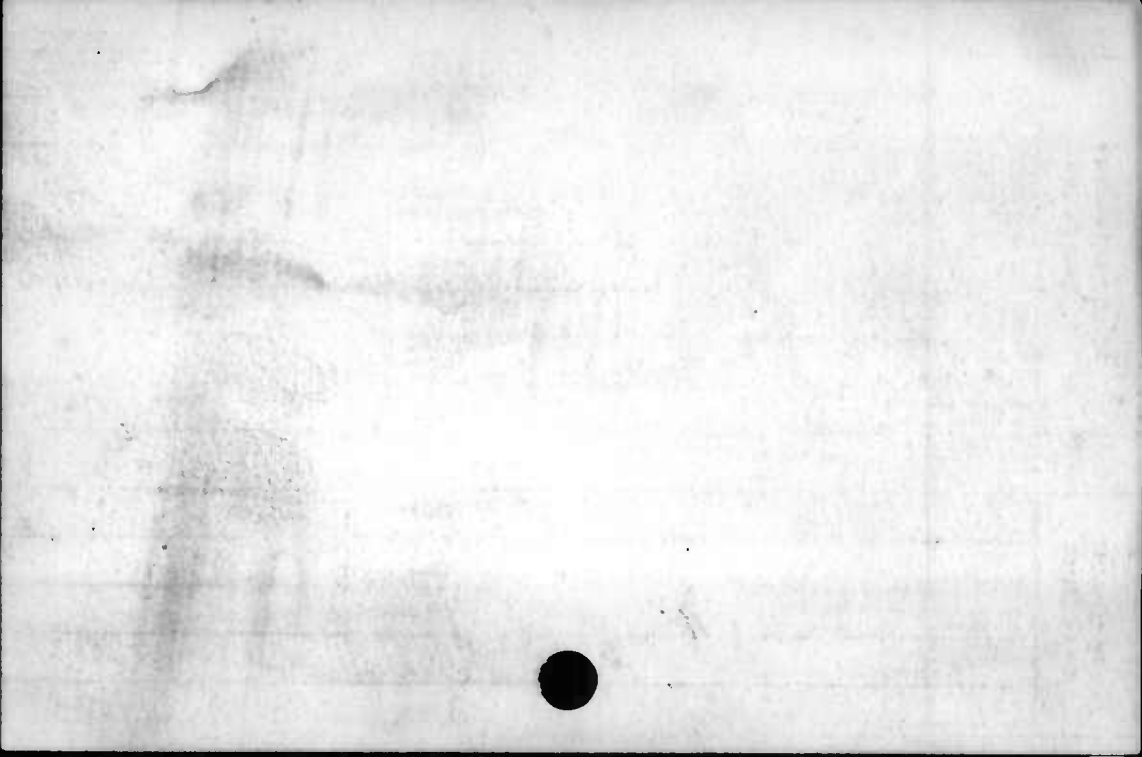
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Woodlensburg		County Balk.		MARYLAND	
Date of death 190	6	Month March	Day 26 th	Age	Years 69	Months 2	Days do not know
Sex Female		Color or Race white		Birth- place Pennsylvania			
Married, Single or Widowed Widow				Occupation Housekeeper			
Name of Wife or Husband _____							
Father's Name _____						Father's Birthplace _____	
Mother's Maiden Name _____						Mother's Birthplace _____	
Name of person giving information Ace Worrell						How related to deceased none	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Arthritis Rheumatic	How long 4 or 5 years
Immediate Bronchitis	How long several months
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician _____
<i>Geo. H. Wilson M.D.</i>	Address Hawblesburg
Accident or Suicide?	



Name
in
Full

Emma S. Keidel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Catonsville ^{County} Baltimore

Date of death 190 ^{Month} March ^{Day} 10 ^{Years} Age 67 ^{Months} 2 ^{Days} —

Sex Female Color or Race white Birth-place Baltimore

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Widowed Name of Wife or Husband Louis J. Keidel (late)

Father's Name Fred L. Braune Father's Birthplace Germany

Mother's Maiden Name Henrietta Focke Mother's Birthplace Baltimore

Name of person giving information F. B. Keidel How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

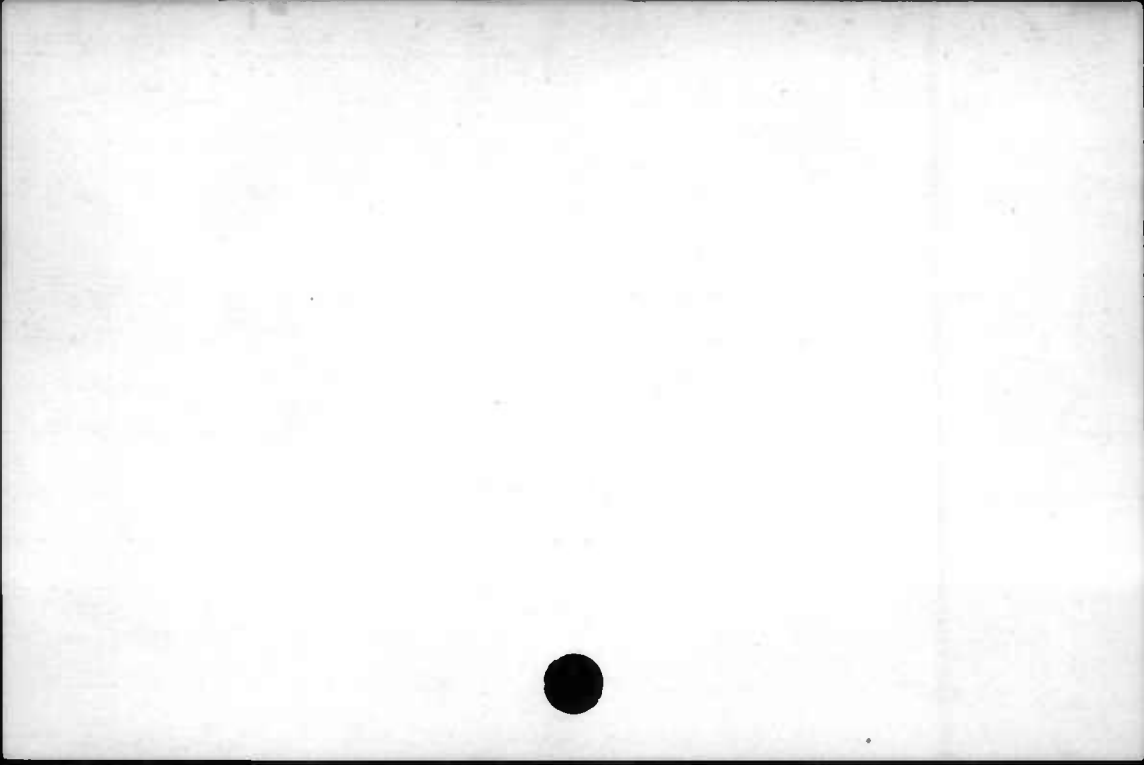
Primary Cause of death cerebral hemorrhage
right hemisphere

Immediate Cause of death Exhaustion

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Chas. H. Mangill
Address Catonsville
Balt & Md

Accident or Suicide? _____



Name in Full		Infant Nellie Kelly.				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town not known		County Balt.		MARYLAND		
	Date of death		1906	Month Mar.	Day 25	Age —		Months 2	Days —
	Sex		female		Color or Race		white	Birth-place	not known
	Occupation				Where Residing if not at place of death				
	Married, Single or Widowed				Name of Wife or Husband				
	Father's Name				Father's Birthplace				
	Mother's Maiden Name				Mother's Birthplace				
	Name of person giving information				How related to deceased				
Ervine Kelly.				brother					
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Dysentery		How long		9 days.		
	Immediate		Pneumonia		How long		1 day.		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address				
			[Redacted]		not known				
	Accident or Suicide?								

Mr. B. Cook
Mt Oliver
Clemens

Name
in
Full

Martin Kelly.

CERTIFICATE OF DEATH

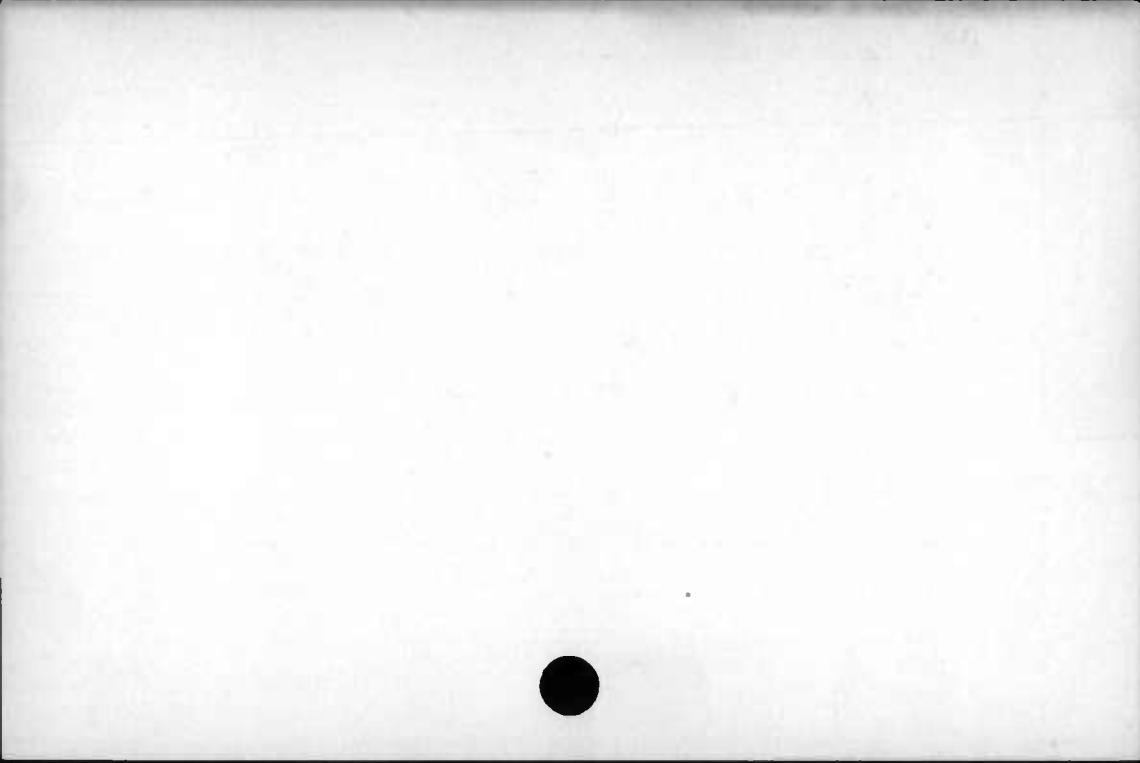
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Agnes Hospital</i>		Town <i>Pratt</i>		County <i>Pratt</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>March</i>	Day <i>22</i>	Age <i>70</i>	Months	Days		
Sex <i>Male</i>	Color or Race <i>W</i>		Birth-place <i>Co Galway Ire</i>				
Occupation <i>Orderly</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Martin Kelly</i>			Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Mary Healey</i>			Mother's Birthplace				
Name of person giving information <i>Delia Banagan</i>			How related to deceased <i>Cousin</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>As thew</i>	How long <i>(179)</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>JW Shaw</i>
	Address <i>St Agnes Hospital</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

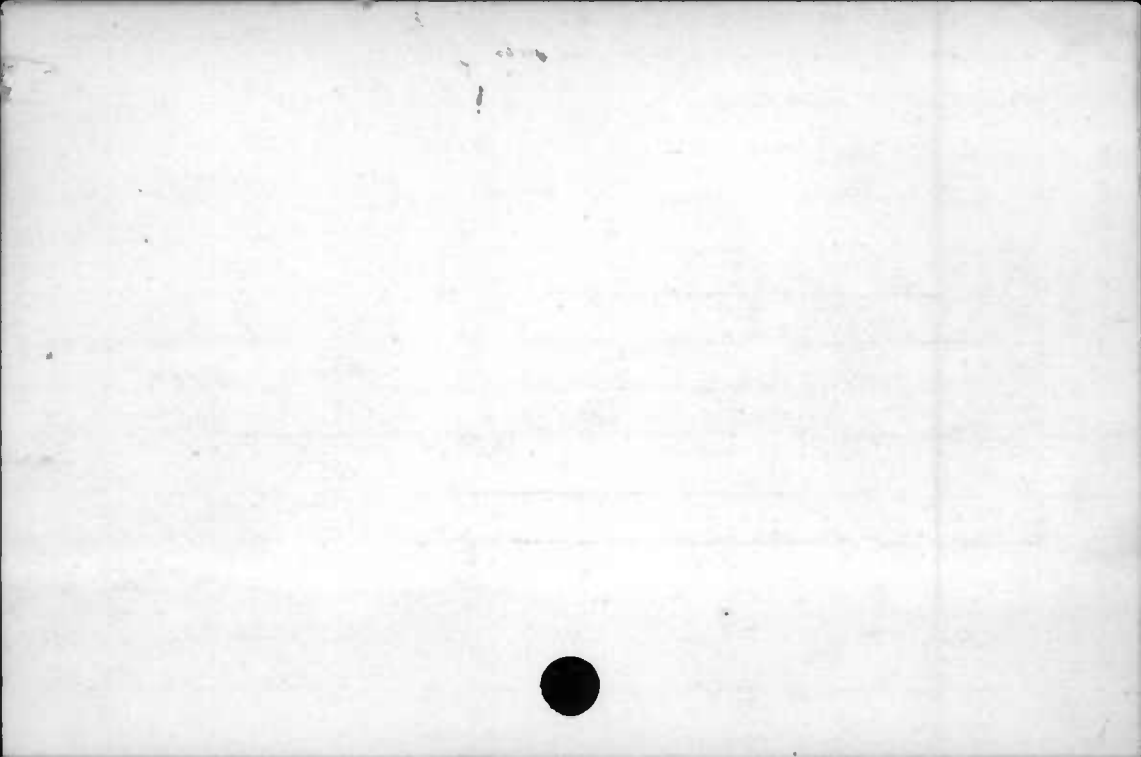
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodstock</i>		County <i>Baltimore</i>		TOWN		MARYLAND	
Date of death	1906	Month	<i>Mar</i>	Day	4	Age	61
Sex <i>Male</i>		Color or Race <i>white</i>		Birthplace <i>Ireland</i>		Months	11
Occupation		Where Residing if not at place of death		<i>Same</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>D.K.</i>				Father's Birthplace <i>OK</i>			
Mother's Maiden Name <i>OK</i>				Mother's Birthplace <i>OK</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma</i>	How long	<i>about 1 yr.</i>
Immediate	<i>Exhaustion</i>	How long	<i>few days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>R. J. Triple</i>	
		Address	
		<i>Strawberry Mo</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>Mar.</u> ^{Month}	<u>22</u> ^{Day}	Age <u>31</u> ^{Years}	<u>3</u> ^{Months}	<u>24</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Balto Co.</u>		
Occupation <u>—</u>			Where Residing If not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Louis Kiefer deceased</u>			Father's Birthplace <u>Ed. Sax</u>		
Mother's Maiden Name <u>Frederica Helen</u>			Mother's Birthplace <u>U.S.</u>		
Name of person giving information <u>James Brown</u>			How related to deceased <u>None</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis Pulmonalis</u>	How long <u>4 1/2 months</u>
Immediate <u>Exhaustion</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C. S. Athey</u>
	Address <u>2 - Hudson St</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Margaretha E. Kohler

CERTIFICATE OF DEATH

Highlandtown

Balto. Co.

MARYLAND

Died at

Date

of death

1906

Month

3

Day

24

Age

Years

1

Months

3

Days

Sex

Female

Color or
Race

White

Birth-
place

Balto. Co.

Occupation

None

Where Residing if not
at place of death

#1 Canton Ave. Ext.

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Chas. Kohler

Father's
Birthplace

Germany

Mother's
Maiden Name

Marie Reiser

Mother's
Birthplace

Germany

Name of person giving
information

Chas. Kohler

How related
to deceased

Father

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

Meningitis

How long

24 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

A. S. Warner M.D.
1170 Highland Ave.

Accident or Suicide?

no

PHYSICIAN
OR CORONER

J. Herwig & Son.

Sacret Heart Cemetery

3 /25 /06

Name
in
Full

Thomas. Leatherwood 3/3/I.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grays.</i>		Town		County <i>Balto</i>		MARYLAND	
Date of death 1906	Month <i>March</i>	Day <i>2</i>	Age	Years <i>55</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Widowed</i>		Occupation <i>blacksmith</i>					
Name of Wife or Husband <i>don't know</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Eleanora Stidham</i>				How related to deceased <i>neace</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old Age</i>	<i>(154)</i>	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>No. Doctor</i>	
		Address <i>Grifton Easton</i>	
Accident or Suicide?		<i>Undertaker Collicott Leity</i>	



Name
in
Full

Thomas R. Leeds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>Mar</i>	Day <i>19</i>	Age <i>75</i>	Years <i>75</i> Months <i>—</i> Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birthplace <i>Freeland Md</i>		
Occupation <i>carpenter</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Lenora Leeds</i>			
Father's Name <i>James Leeds</i>			Father's Birthplace <i>Freeland Md</i>		
Mother's Maiden Name <i>Mary Rutledge</i>			Mother's Birthplace <i>New Market Md</i>		
Name of person giving information <i>Wm T Leeds</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Myocarditis of heart</i>	How long	<i>(?)</i>
Immediate	<i>Asthma</i>	How long	<i>one year</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>William J. Todd M.D.</i>
		Address	<i>Washington Md</i>
Accident or Suicide?			

A S Marshall
3539 Fall Road
to Freeland Sta.
Baltimore Md
Mar 22-06

Name in Full		Helan Lindeman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cockeysville</i>		Town <i>Balto</i>		County		MARYLAND
	Date of death <i>1904</i>	Month <i>March</i>	Day <i>22</i>	Years <i>2</i>	Months <i>2</i>	Days <i>5</i>	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cockeysville Md</i>		
	Occupation <i>Infant</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband				
	Father's Name <i>Jefferson S Lindeman</i>				Father's Birthplace <i>Baltimore Md</i>		
Mother's Maiden Name <i>Mary E. Fierly</i>				Mother's Birthplace <i>Luxas Md</i>			
Name of person giving information <i>Sarah Lindeman</i>				How related to deceased <i>Sister</i>			
<div>CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <i>Diphtheria-Laryngeal</i>			How long <i>3 days</i>			
	Immediate <i>Bronchial Pneumonia</i>			How long <i>24 hours</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>Dr B. B. Bauman</i>			
				Address <i>Cockeysville Md</i>			
<div>Accident or Suicide?</div>							

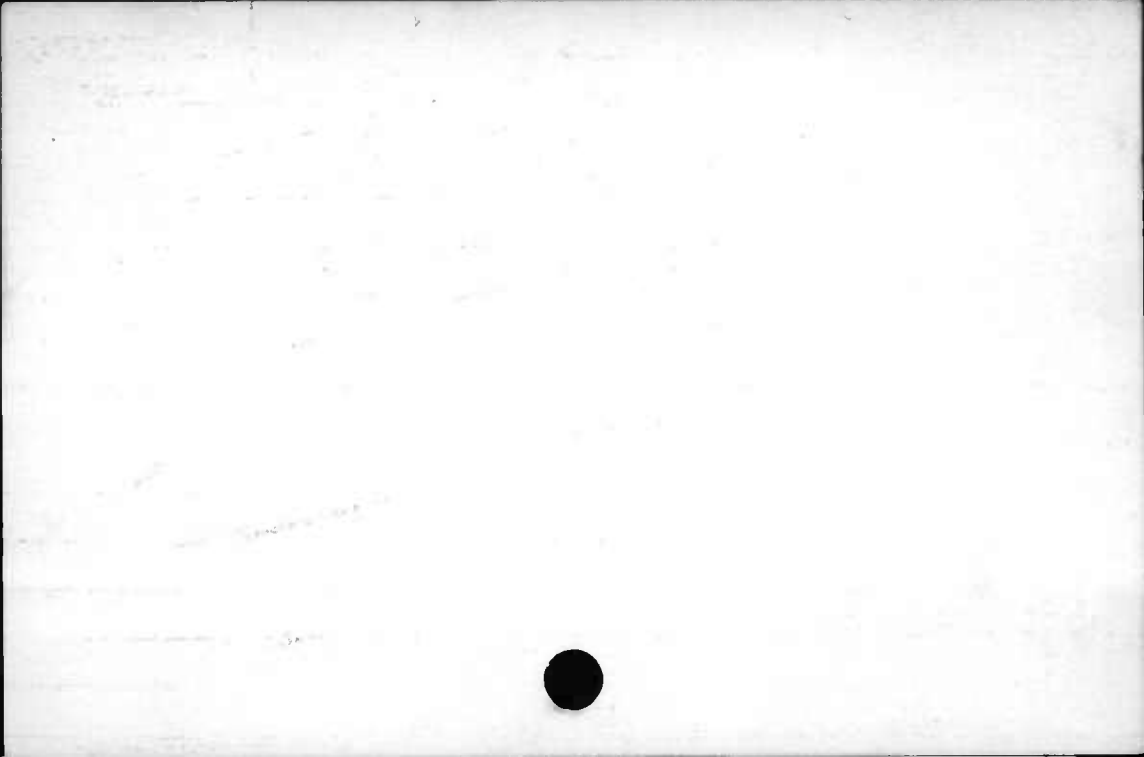
Burial at Texas Cemetery
Friday 23rd

W. C. Brooks

Dr Mitchell will serve
Coffin for Mr. Wm Carroll
at Brown Cemetery Saturday
24th

W. C. Brooks

Name In Full <i>Henry F. Love</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Catonsville</i> Tcwn		County
	MARYLAND		
	Date of death <i>1906</i>	Month <i>Mar</i>	Day <i>21</i>
	Age <i>5</i> Years		Months <i>2</i>
	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>
	Occupation <i>-</i>	Where Residing if not at place of death <i>Catonsville</i>	
	Married, Single or Widowed <i>-</i>	Name of Wife or Husband	
FATHER'S NAME MOTHER'S MAIDEN NAME NAME OF PERSON GIVING INFORMATION	<i>Henry F. Love</i>		Father's Birthplace <i>Maryland</i>
	<i>May Love</i>		Mother's Birthplace <i>Maryland</i>
	<i>Henry F. Love</i>		How related to deceased <i>Father</i>
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	<i>Inanition</i>	How long <i>15</i>
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Whiteley</i>	Address <i>Catonsville Md</i>
	Accident or Suicide?		



Name
in
Full

Conrad Luckert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lanvale, Md.</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>March</i>	Day <i>11</i>	Years <i>67</i>	Months <i>5</i>	Days <i>26</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Serey</i>		
Occupation <i>Flour Merchant</i>	Where Residing if not at place of death <i>Roskens Ave</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Wilhelmina Luckert</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>"</i>				
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Annie Hohlhepp</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of stomach</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Nichols M.D.</i>
	Address <i>207 N. Fulton Ave</i>
Accident or Suicide?	<i>Baltimore, Md.</i>

Louden Park -

Name
in
Full

Elisabeth Ann McBlung

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Sunnybrook* TownCounty *Balt*Date of death *1906* Month *March* Day *11*Age *73* YearsMonths *4*Days *4*Sex *Female*Color or Race *White*Birth-place *Harford Co*Occupation *Housewife*

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband *John McBlung*Father's Name *John Keaton*Father's Birthplace *Harford Co*Mother's Maiden Name *Ann Barton*Mother's Birthplace *" "*Name of person giving information *Margaret Richardson*How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Apoplexy*How long *36 hours*Immediate *(64)*

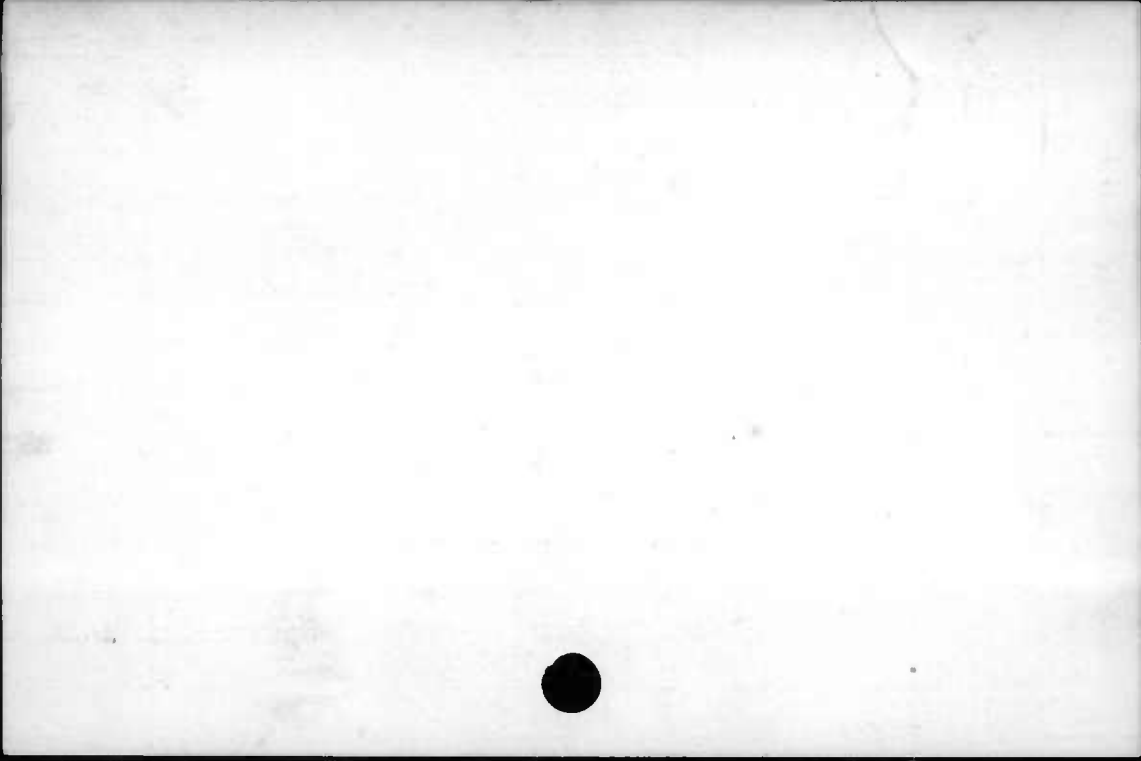
How long

Are the name, age, sex, color, date and place correctly given above?

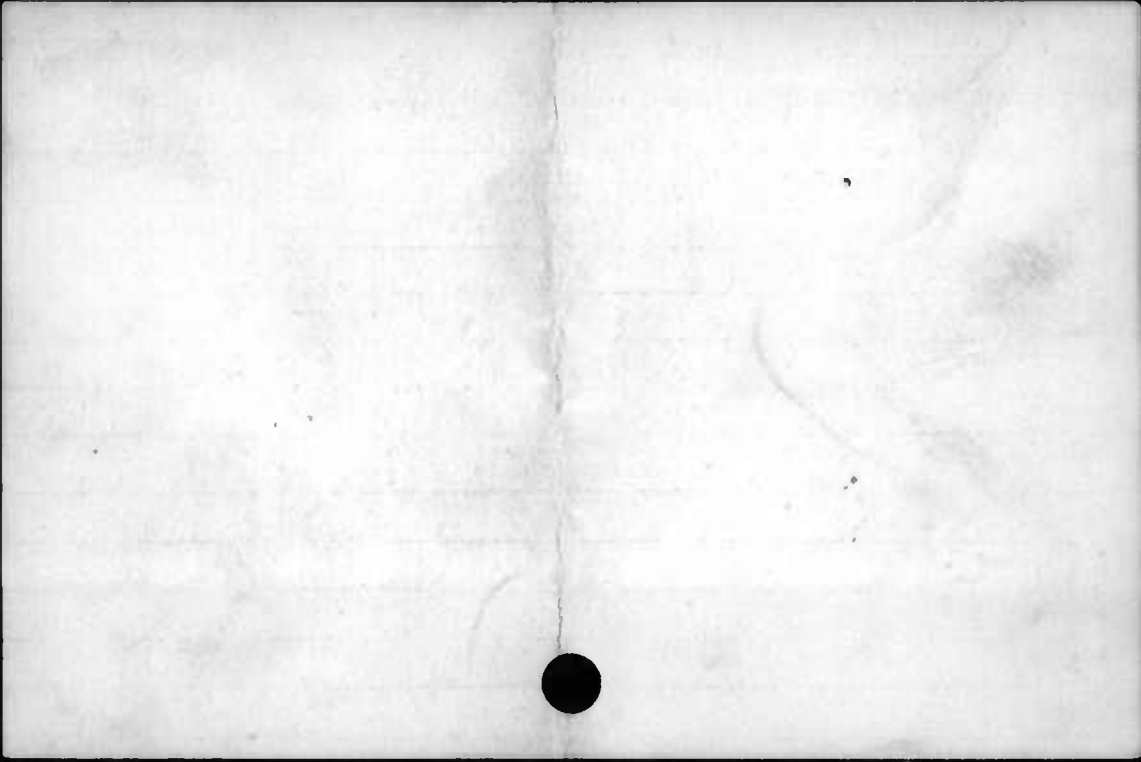
Signature of Physician *H. T. Payne M.D.**Yes*Address *Phoenix*

Accident or Suicide?

Balti Co Md



Name in Full		John T. Mc Cubbin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Baldwin		County Balto.		MARYLAND	
	Date of death	1906	Month Mar	Day 18	Age 65	Years 8	Days 20
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Farmer		Where Residing if not at place of death		Maryland	
	Married, <input checked="" type="checkbox"/>	Name of Wife or Husband		Elizabeth E. Watkins			
	Father's Name	Phas. T. Mc Cubbin				Father's Birthplace	Maryland
	Mother's Maiden Name	Amanda St. Clair				Mother's Birthplace	Maryland
Name of person giving information	Anna B. Mc Cubbin				How related to deceased	Daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	apoplexy			(64)	How long	1 day
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	Thos. H. Emory Jr. D.	
					Address	Monteton, Md.	
Accident or Suicide?							



Name

in
Full

Lindlie Howard Mac Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Roland Park		Baltimore					
Date of death 190	Month	Day	Age	Years	Months	Days	
	March	15	5	2	8	4	
Sex	Male		Color or Race	White		Birth-place	New York
Married, Single or Widowed	Married		Occupation	Retired Manufacturer			
Name of Wife or Husband	Antonette Mc Murray						
Father's Name	Howard Mac Murray					Father's Birthplace	Scotland
Mother's Maiden Name	Antonette Warner					Mother's Birthplace	New York
Name of person giving information	C. A. Barnett					How related to deceased	Son in Law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mitral Regurgitation	How long	7 months
Immediate	Pleurisy + Cardiac Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician M. Gibson Porter		
	Address Roland Park		
	Bates Co Ind		
Accident or Suicide?			

H W Jenkins & Sons Co
233 W Garret Ave

Interment Troy N Y

Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name William, James Maddot		Town Browned in Bird River		County Bullo County		State Maryland	
Date of death	1906	Month March	Day 15 th	Age 34	Years 2	Months	Days
Sex man	Color or Race white		Birth- place Bullo County				
Occupation Fisherman	Where Residing if not at place of death Chase Md						
Married, Single or Widowed Married	Name of Wife or Husband Venetta Maddot						
Father's Name John James Maddot	Father's Birthplace Bullo County						
Mother's Maiden Name Lucy Maddot	Mother's Birthplace New Jersey						
Name of person giving Information John James Maddot	How related to deceased Father						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Accidental drowning

How long

How long

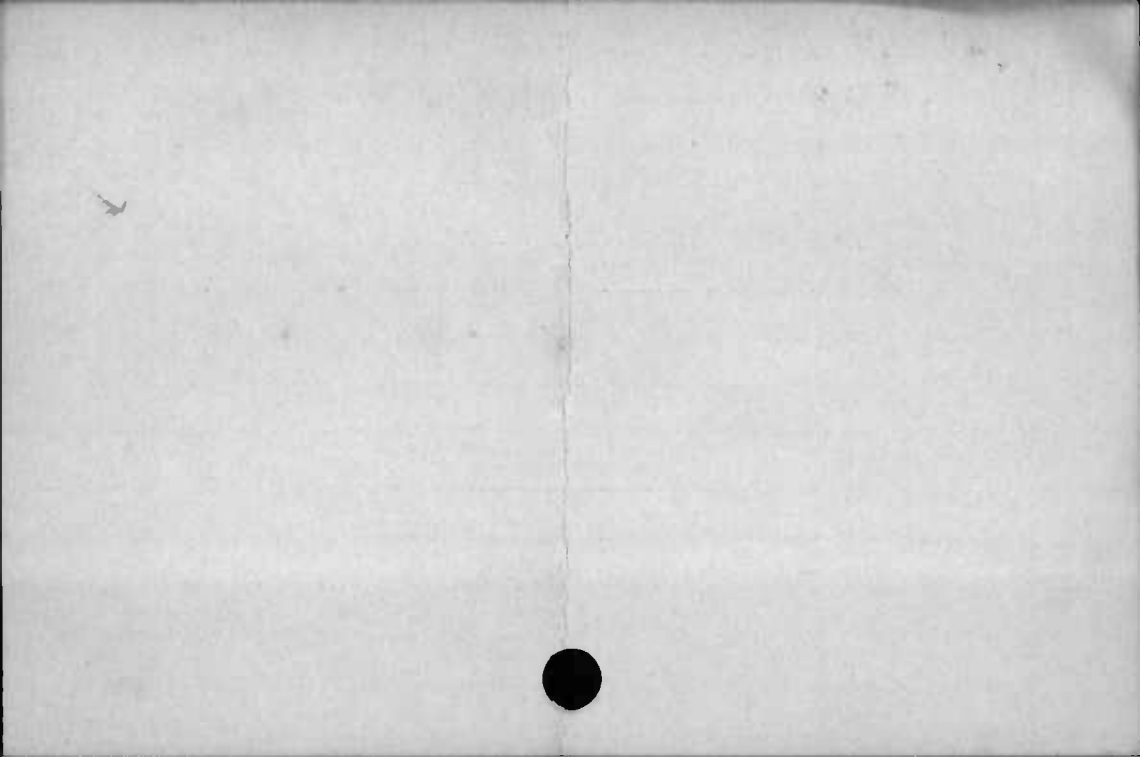
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Coroner
James F. WilsonAccident or ~~suicide~~

Accident



Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Harewood		Park		Bullo Co		MARYLAND	
Date of death	1906	Month	March	Day	15 th	Age	42
Sex	man	Color or Race	white	Birth-place			
Occupation	Merchant		Where Residing if not at place of death		Chase		
Married, Single or Widowed	Married		Name of Wife or Husband		Not Known		
Father's Name	Not Known				Father's Birthplace	Not Known	
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		

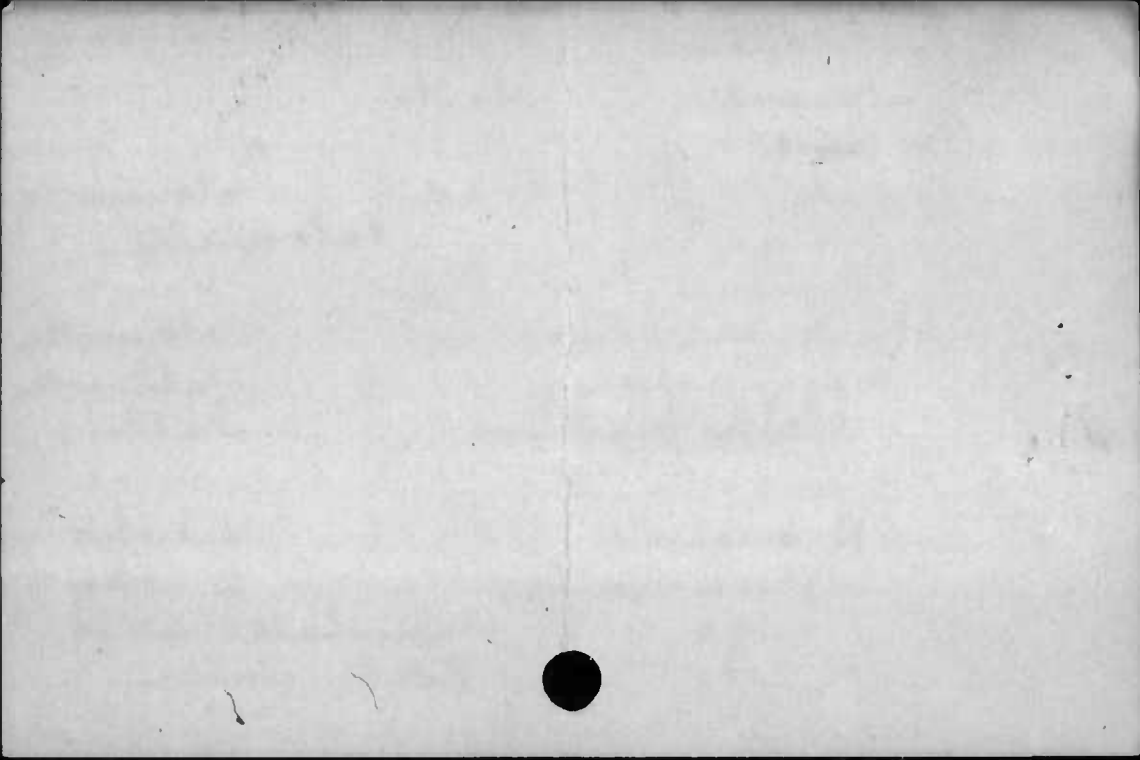
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

170

Coroner J. F. Gibson
Chase Md



Name
in
Full

Laura Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Catonsville		County Balto		MARYLAND	
Date of death		1906	Month March	Day 11	Age Years	Months 11	Days
Sex	female		Color or Race	Colored		Birth- place	Catonsville
Occupation			Where Residing if not at place of death		Catonsville		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Charles Matthews					Father's Birthplace	Catonsville
Mother's Maiden Name	Mary Adams					Mother's Birthplace	Catonsville
Name of person giving In formation	Charles Matthews					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis	How long	6 wks
Immediate	Pneumonia	How long	2 wks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Marshall B West
yes		Address	Catonsville
Accident or Suicide?			

Felix B Pye

Odd Fellows Cemetery

Name
in
Full

Paul Maul

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	Month <u>March</u>	Day <u>30</u>	Age <u>18</u> Years	Months <u>3</u>	Days <u>25</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Balto.</u>		
Occupation <u></u>			Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u></u>			
Father's Name <u>Wm Maul</u>			Father's Birthplace <u>Balto.</u>		
Mother's Maiden Name <u>Elizabeth Patel</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Wm Maul</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia T. B.</u>	How long	<u>3 mts.</u>
Immediate	<u>Heart failure</u>	How long	<u>Two days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Dr. L. Burke M.D.</u>	
		Address <u>218 O'Donnell St</u>	
Accident or Suicide?		<u>Baltimore, Md</u>	



Name in Full		Certificate of Death			
Sam E Marx		Norfolk Va			
Died at		County			
Sheppard Enoch Pratt Hosp		Baltimore			
Date of death		Month	Day	Years	Months
1906		March	4	37	8
Sex		Color or Race		Birth-place	
male		White		Norfolk Va	
Occupation		Where Residing if not place of death			
ship chandler & packer		Norfolk Va.			
Married, Single or Widowed		Name of Wife or Husband			
married		Ellie M. Marks			
Father's Name		Father's Birthplace			
Simon Marx		Germany			
Mother's Maiden Name		Mother's Birthplace			
Pauline Plumbelin		do			
Name of person giving information		How related to deceased			
x Ellie Marcus Marx		Wife			
CAUSES OF DEATH					
Primary		How long			
Paralysis		2 Yrs +			
Immediate		How long			
Convulsions		48 hrs			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		E. J. D. D. D.			
		Address			
		Towson Md			
		Sheppard Enoch Pratt Hosp			

Stewart & Mowen

215 Park Ave.

Norfolk, Va

Name
in
Full

Peter Manti

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i> ^{Town} <i>Balto Co Md</i> ^{County}		MARYLAND	
Date of death	<i>1906</i> ^{Month} <i>Feb</i> ^{Day} <i>30</i> ^{Years} <i>42</i>	<i>unknown</i> ^{Months}	<i>unknown</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Greece</i>	
Occupation <i>Confectioner</i>	Where Residing if not at place of death <i>Belknap Md</i>		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>unknown</i>		
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Reido Mt Hope Retreat</i>	How related to deceased <i>not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Melancholia</i> - <i>(8)</i>	How long <i>9 or 10 mos.</i>
Immediate <i>Exhaustion</i>	How long <i>abt one month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Hammerman</i>
	Address <i>Mt Hope Retreat</i>
	<i>Balto Co Md.</i>
Accident or Suicide? <i></i>	



Name
in
Full

William Merkel

CERTIFICATE OF DEATH

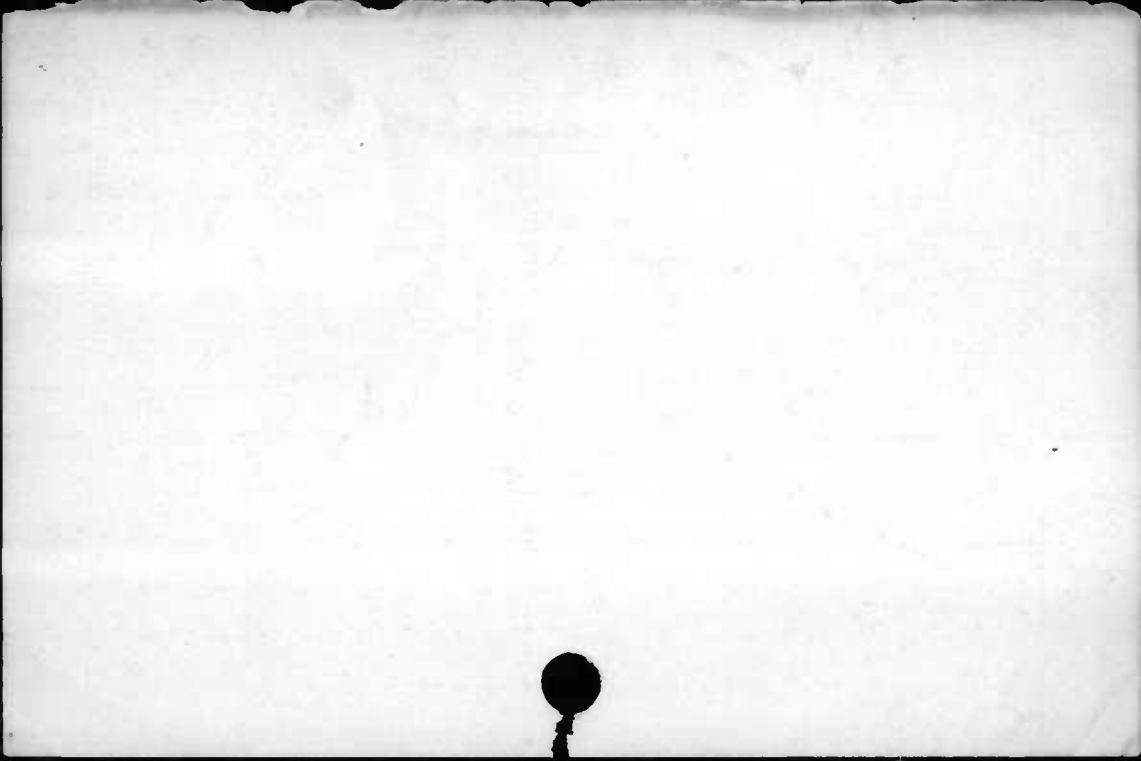
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Reisterstown		^{County} Baltimore		MARYLAND	
Date of death	1906	Month	March	Day	25
Age		Years	81	Months	9
Days		22			
Sex	Male	Color or Race	White	Birth-place	Pa
Occupation	Farm Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Catherine B. Merkel		
Father's Name	_____			Father's Birthplace	
Mother's Maiden Name	J. Kelly			Mother's Birthplace Pa	
Name of person giving information	Charles Walters			How related to deceased Son-in-Law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hypostatic Congestion of Lungs	How long	10 days
Immediate	Cardiac Failure	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. M. Seader	
		Address Reisterstown Md	
Accident or Suicide?			



Name
in
Full

Leah Miller

CERTIFICATE OF DEATH

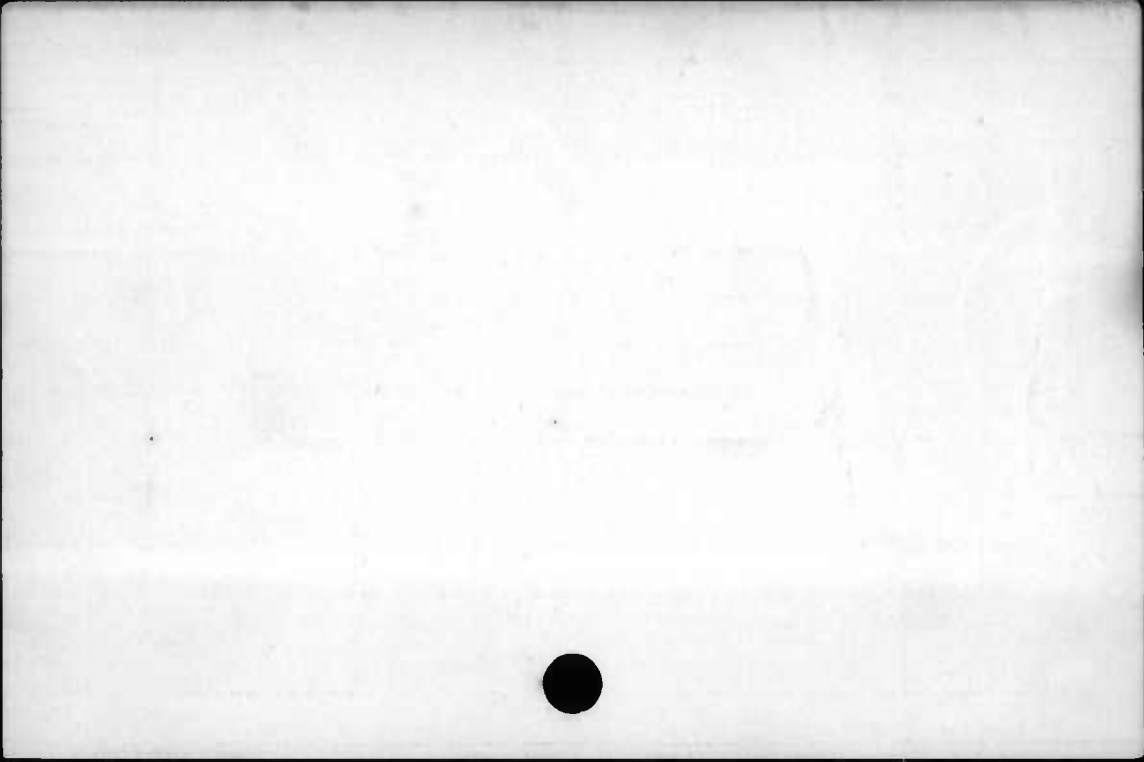
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stitz</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death 190 <u>6</u>	Month <u>Mar.</u>	Day <u>3</u>	Years <u>49</u>	Months <u>—</u>	Days <u>23</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Bodorus, Tenn.</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>House wife</u>				
Name of Wife or Husband <u>Eli Miller</u>					
Father's Name <u>Geo. Markel</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Mary Roser</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Geo. Miller</u>			How related to deceased <u>Son.</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cancer of breast</u>	How long <u>2 years</u>
Immediate <u>Internal Hemorrhages</u>	How long <u>6 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>E. R. Albaugh</u>
	Address <u>Glen Rock, Pa.</u>
Accident or Suicide?	<u>R. F. D. #1</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Heanton</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1906	Month	3	Day	24	Age	Years <i>8</i> Months <i>5</i> Days <i>20</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	
Occupation	<i>None</i>			Where Residing if not at place of death			<i>—</i>
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Henry Moly</i>					Father's Birthplace	<i>Balt.</i>
Mother's Maiden Name	<i>Deborah White</i>					Mother's Birthplace	<i>Balt.</i>
Name of person giving information	<i>Henry Moly</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Lobar Pneumonia</i>	How long	<i>three days</i>
Immediate	<i>Heart failure</i>	How long	<i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>M. R. Burke</i>
		Address	<i>218 O'Donnell St</i>
			<i>Baltimore Md</i>
Accident or Suicide?	<i>—</i>		

1st Evangelical

Church -

H. J. Anderson

Name
in
Full

Rachael Morrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Woodensburg*^{County} *Baltimore*Date of death 190 ^{Month} *June* ^{Day} *17*^{Years} *83* ^{Months} *—* ^{Days} *—*Sex *Female*Color or Race *white*Birth-place *md*Occupation *House*Where Residing if not at place of death *—*Married, Single or Widowed *Widow*Name of ~~Wife~~ Husband *Mrs. Morrison*Father's Name *— Upper co*Father's Birthplace *md*Mother's Maiden Name *Margaret Byerly*Mother's Birthplace *md*Name of person giving information *Mrs. Randolph Slade*How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Valvular disease of Heart*How long *Sudden*

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

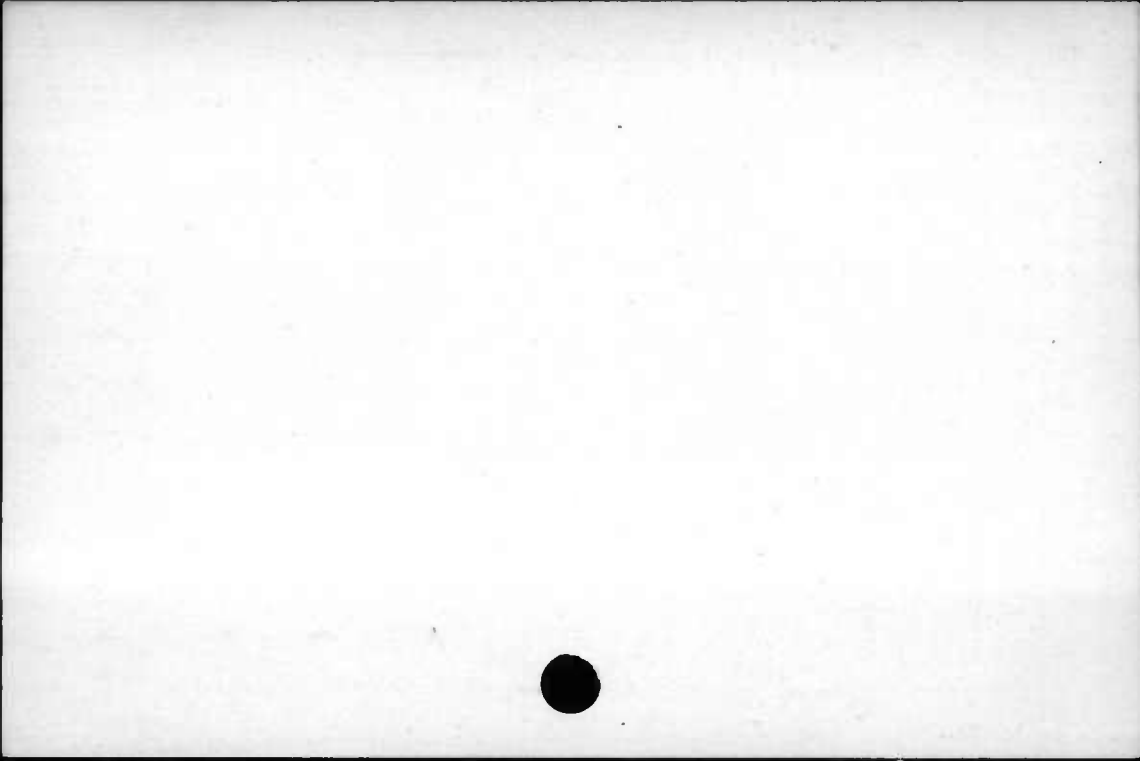
Signature of Physician

Address

J. T. Slade
Reisterstown
md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Joseph F. Murphy

CERTIFICATE OF DEATH

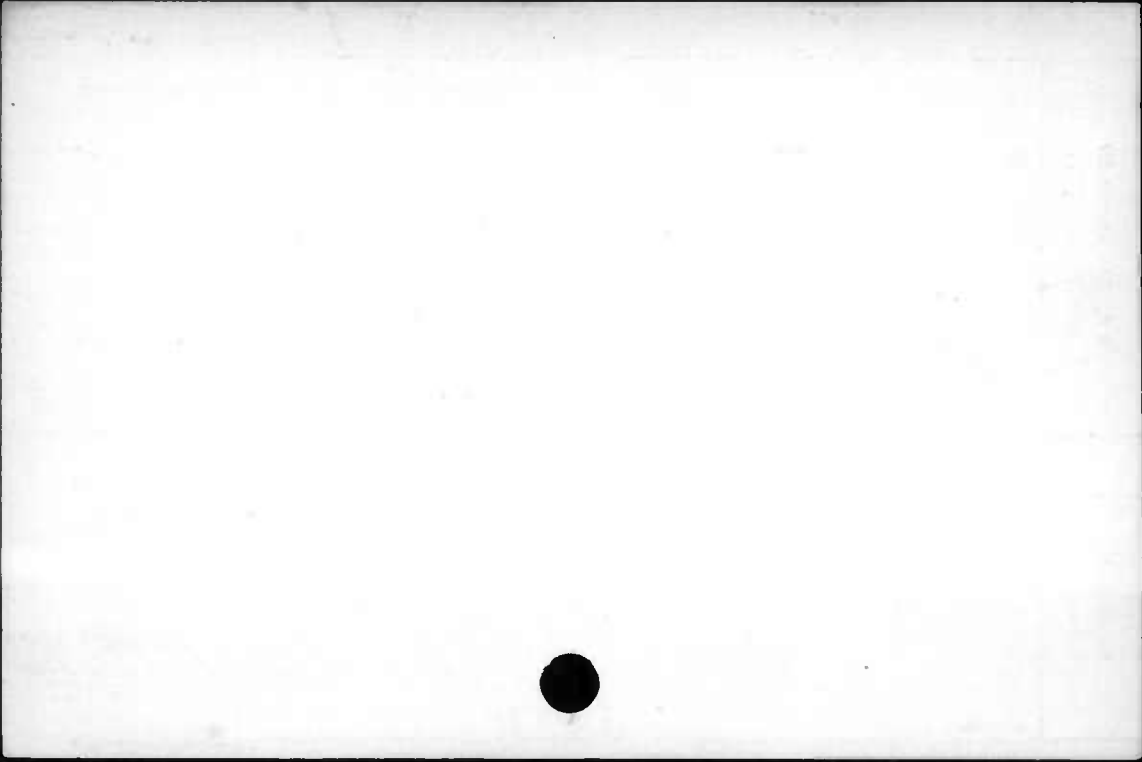
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>3</i>	Day <i>17</i>	Age <i>28</i>		Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank W. Wray, M.D.</i>
<i>Yes</i>	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Name
in
Full

Susanna Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Ellicott City* ^{County} *Balto.*

Date of death ^{Month} *1906 Mar* ^{Day} *18.* ^{Years} *86* ^{Months} *—* ^{Days} *—*


Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *—* Where Residing If not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Richard Day*

Father's Name *Not Known* Father's Birthplace *—*

Mother's Maiden Name *Not Known* Mother's Birthplace *—*

Name of person giving information *Mary Clark*  How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

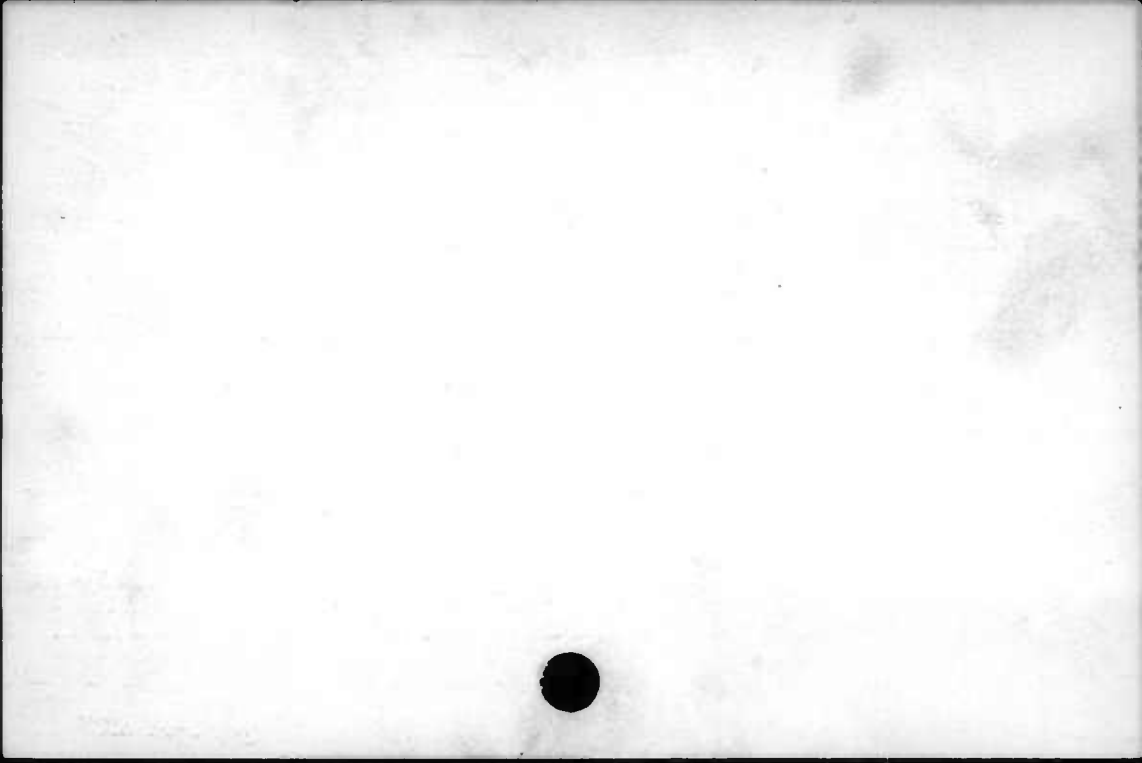
Primary *Organic Heart-Disease* How long *Some years*

Immediate *diarrhea* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *J. J. Byrne*

Address *Ellicott City Md.*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George M. D. Rice

Died at **Highlandtown** ^{Town} **Balto.** ^{County} **MARYLAND**

Date of death **1906** ^{Month} **March** ^{Day} **31** Age **56** ^{Years} **5** ^{Months} **19** ^{Days}

Sex **Male** Color or Race **White** Birth-place **Balto.**

Occupation **Collector** Where Residing if not at place of death _____

Married, Single or Widowed **Married** Name of Wife or Husband **Maggie J. Rice**

Father's Name **John H. Rice** Father's Birthplace **Ind.**

Mother's Maiden Name **Mary E. Kave** Mother's Birthplace **England**

Name of person giving information **Maggie J. Rice** **(120)** How related to deceased **Wife**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Chronic Interstit-Nephritis** How long **1 year**

Immediate **Bronch Asthma** How long **6 mos.**

Are the name, age, sex, color, date and place correctly given above? **yes** Signature of Physician **J. A. G. Huntz**

Address **41 Eastern Ave**

Accident or Suicide? _____

Blau.

209 Dagen

Western Cemetery

H. J. van der Loo

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of John & Alice Norris

Town P.O. County Baltimore MARYLAND

Died at Woodlawn P.O. Baltimore

Date of death 1906 Month 3 Day 20 Age — Still born

Sex male Color or Race Cold Birth-place Md.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name John Norris Birthplace Md.

Mother's Maiden Name Alice Hardan Birthplace Md.

Name of person giving information John Norris How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Unknown — S How long

Immediate Still born — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Henry A. Naylor

Chesapeake Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Helen Kory

Town

County

MARYLAND

Died at

Fullerton

Balto Co.

Date

Month

Day

Years

Months

Days

of death

1906

March

26th

Age

2

6

Sex

F.

Color or
Race

W.

Birth-
place

Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Albert Kory

Father's
Birthplace

Austria

Mother's
Maiden Name

Annie Woburn

Mother's
Birthplace

Balto.

Name of person giving
In formation

Albert Kory (Father)

How related
to deceased

Father

CAUSES OF DEATH

Primary

Membranous Laryngitis (Diphtheria?)

How long

13 days

Immediate

Broncho Pneumonia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. G. Rytina

Address

2204 E. Monument St
Balto.

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Holly Redeemer

Name

in
Full

Levi B Naylor.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Butler		County Baltimore		MARYLAND	
Date of death 190	6	Month May	Day 28	Age	51	Months	Days
Sex	male		Color or Race	white		Birth- place	Butler Md.
Married, Single or Widowed	married			Occupation	Farmer & laborer		
Name of Wife or Husband		Elizabeth A Naylor					
Father's Name	Levi Naylor					Father's Birthplace	Ballo Co.
Mother's Maiden Name	Russell					Mother's Birthplace	Balto Co.
Name of person giving In formation	Wesley Royston					How related to deceased	Friend

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long	one week.
Immediate	Heart Failure		How long	12 hours
Are the name, age, sex, color, data and place correctly given above?	Yes		Signature of Physician	A. R. Twitchell
			Address	Monkton, Md.
Accident or Suicida?				



Name
in
Full

Ellen O'Connor

CERTIFICATE OF DEATH

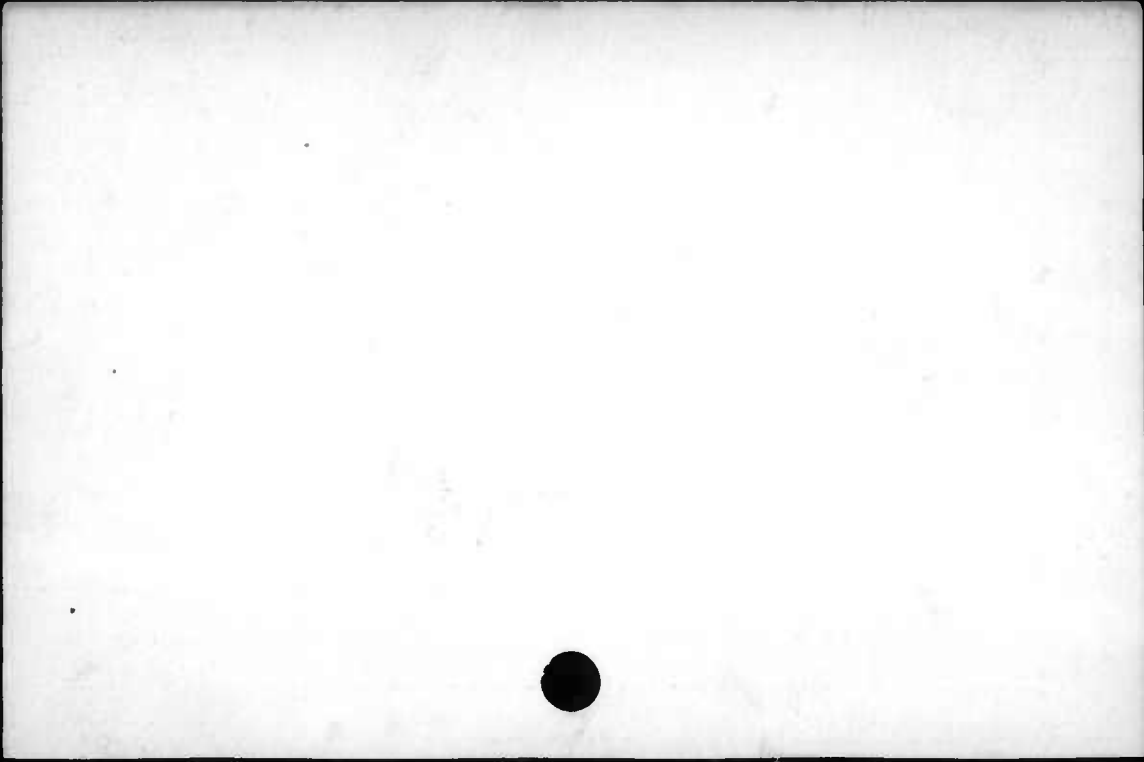
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fullerton</u>			County <u>Balto</u>			MARYLAND	
Date of death 190 <u>6</u>	Month <u>March</u>	Day <u>25</u>	Age <u>65</u>	Years	Months <u>11</u>	Days	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place			
Married, Single or Widowed <u>Widowed</u>			Occupation				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Mitral Insufficiency,</u>	How long <u>several years</u>
Immediate <u>Failure (Cardiac)</u>	How long <u>several minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Lingard W. W. W.</u>
<u>To best of my knowledge</u>	Address <u>Fullerton, Md.</u>
Accident or Suicide? <u>no</u>	



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Bally County

MARYLAND

Days
21

Birth-place *Si monicum Ind*

Where Residing if not
at place of death

Name of Wife or
Husband Anna Brooke Briggs

Father's Birthplace *Luxar Md*

Mother's Birthplace	Keokuk Iowa	240
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How related to deceased	brother
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CAUSES OF DEATH

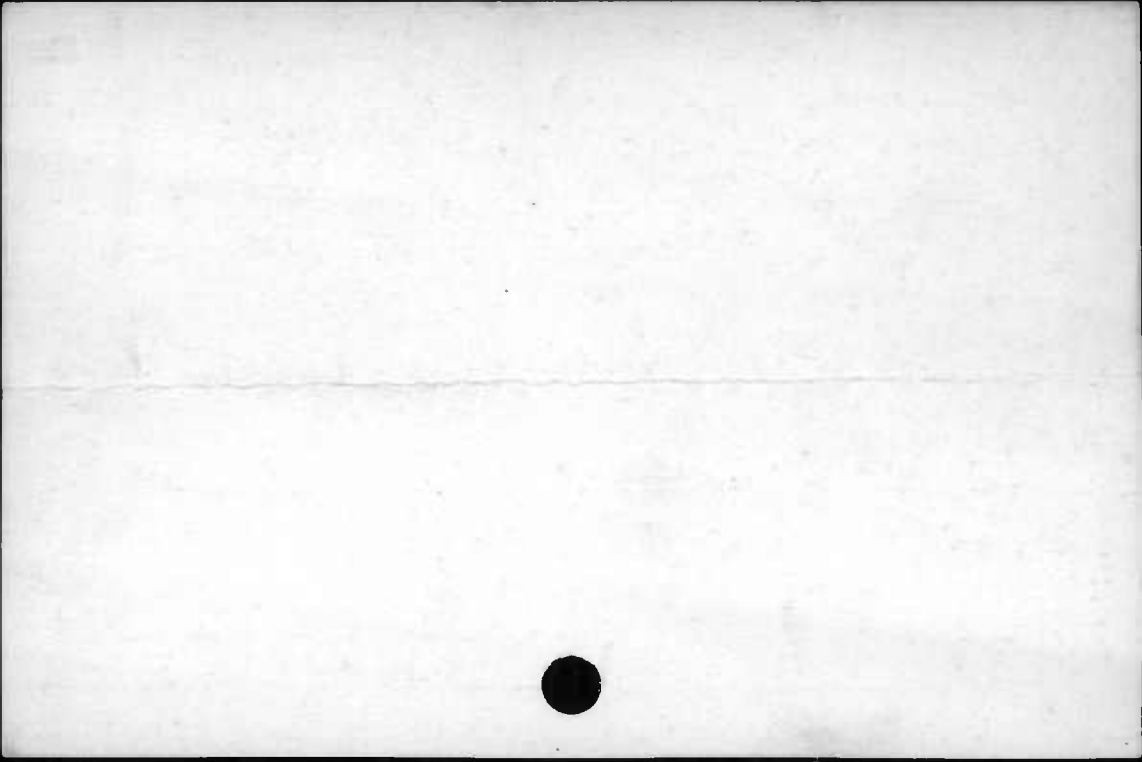
How long 4 yrs

How long 6 Months

Signature of Physician *Dr. M.R. Bagan*

Address Leakysville Md

Accident or Suicide? *220*



Name
in
Full

Rosa Goller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>March</i>	Day <i>23rd</i>	Age <i>32</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Housework</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Goller</i>				
Father's Name <i>George Kraus</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>don't know</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>John Goller</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis florida</i>	How long <i>40 days.</i>
Immediate <i>Exhaustion</i>	How long <i>16 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Pierre G. Dausch</i>
	Address <i>121 Jackson Square</i>
Accident or Suicide?	

Holy Redeemer Cemetery

March 26th 1906

Germanus Thane

Under later

Name
in
Full

Annie Maria Pitts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Ches ^{Town}Bald ^{County}

Date

of death

1906

Month

Mch

Day

21

Age

Years

56

Months

Days

Sex

Female

Color or
Race

Cov

Birth-
place

Mae

Occupation

Housework

Where Residing if not
at place of death

—

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Chronic Brights

How long

6 Mo

Immediate

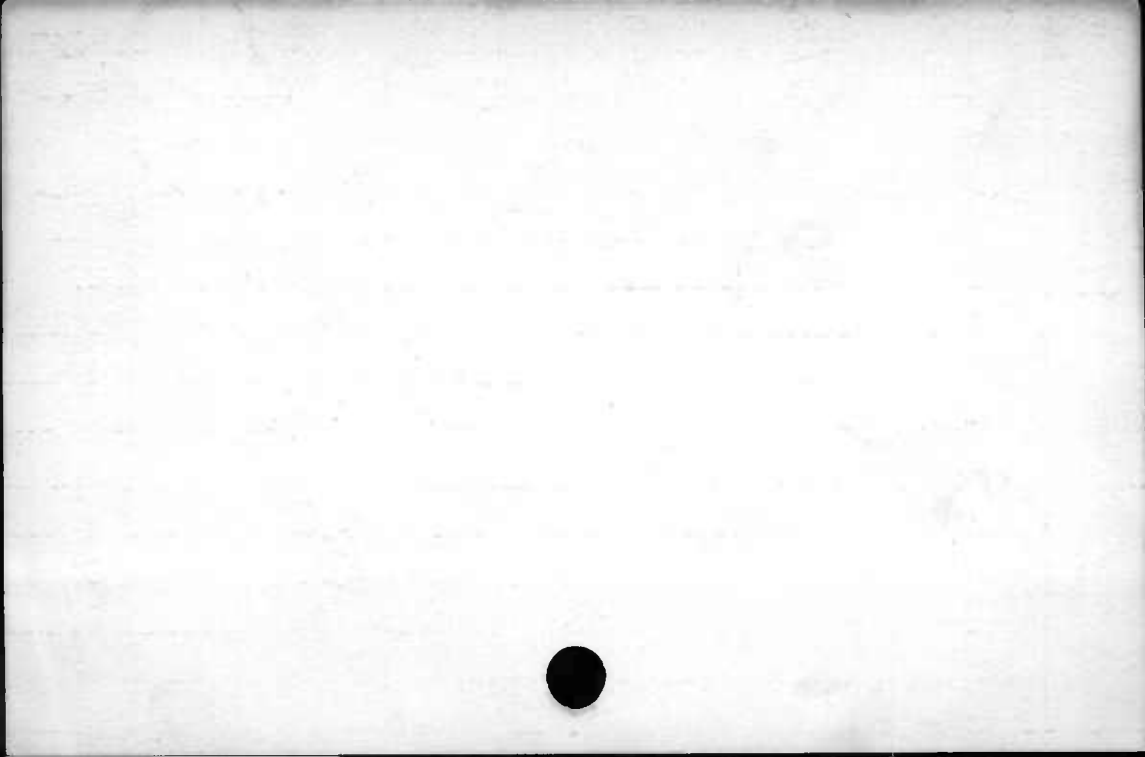
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

G. V. Mac
Grossville, Ky

Accident or Suicide?



Name in Full		Hoelen E. Patts				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} <i>Heathbrooks</i>			^{County} <i>Baltimore</i>		MARYLAND	
	Date of death <i>1906</i>		Month <i>3</i>	Day <i>9</i>	Age <i>11</i>	Months <i>3</i>	Days <i>28</i>
	Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Balto Co.</i>		
	Occupation <i>✓</i>			Where Residing if not at place of death <i>✓</i>			
	Married, Single or Widowed <i>✓</i>			Name of Wife or Husband <i>✓</i>			
	Father's Name <i>P. Wilson Patts</i>				Father's Birthplace <i>Balto</i>		
	Mother's Maiden Name <i>Elizabeth Patts</i>				Mother's Birthplace <i>Balto</i>		
Name of person giving information <i>Thos. Patts</i>				How related to deceased <i>Uncle</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Meningitis - when an infant -</i>				How long <i>10 yrs</i>		
	Immediate <i>Meningitis + eclampsia</i>				How long <i>3 days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>Dr. H. F. Sedgeman</i>		
					Address <i>for Chestnut St, 1st Ave</i>		
	Accident or Suicide?						

Morace Burgee
363, Falls Rd

London Park on
Sunday 11-

Name
in
Full

Still Birth

Quinn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tuxedo or Roland Pl</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>3-19-06</i>	Month <i>March</i>	Day <i>12</i>	Age <i>✓</i>	Years <i>✓</i>	Months <i>✓</i>	Days <i>✓</i>	
Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>803 Roland Ave</i>				
Occupation <i>none</i>	Where Residing if not at place of death <i>✓</i>						
Married, Single		Name of Wife or Husband					
Father's Name <i>Augustus J. Quinn</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Annie Rooney</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving Information <i>brother in law A. J. Quinn</i>		How related to deceased <i>brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still birth</i>	How long <i>✓</i>
Immediate	<i>✓</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Chambers Jones</i>
		Address <i>2515 St. Paul St</i>
Accident or Suicide?	<i>✓</i>	

Place of burial, Cathedral Cemetery, Baltimore
Undertaker, Henry W. Mears & Son.

Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant Son of Peter & Catherine Reetz

Died at Baltimore ^{Town} Baltimore ^{County} MARYLAND

Date of death 1906 ^{Month} Mar ^{Day} 27 ^{Age} Years Months Days 1

Sex Male Color or Race White Birth-place Baltimore

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Peter Michael Reetz Father's Birthplace Germany

Mother's Maiden Name Catherine Schmidt Mother's Birthplace "

Name of person giving information Peter Reetz How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Premature Birth (151) How long Tr

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? _____ Signature of Physician Dr. L. Mauffeldt

Address Baltimore Md

Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>4</i>	Age <i>71</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>Painter</i>			Where Residing if not at place of death <i>Pikesville</i>		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>H. H. Matthews</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile debility</i>	<i>154</i>	How long <i>Some years</i>
Immediate <i>Meningeal cerebral</i>		How long <i>about 2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. E. M.</i>	Address <i>Pikesville Md</i>
Accident or Suicide?		

J. H. Thayer,
Mt Blair

Name
in
Full

Elizabeth J. Roberts

CERTIFICATE OF DEATH

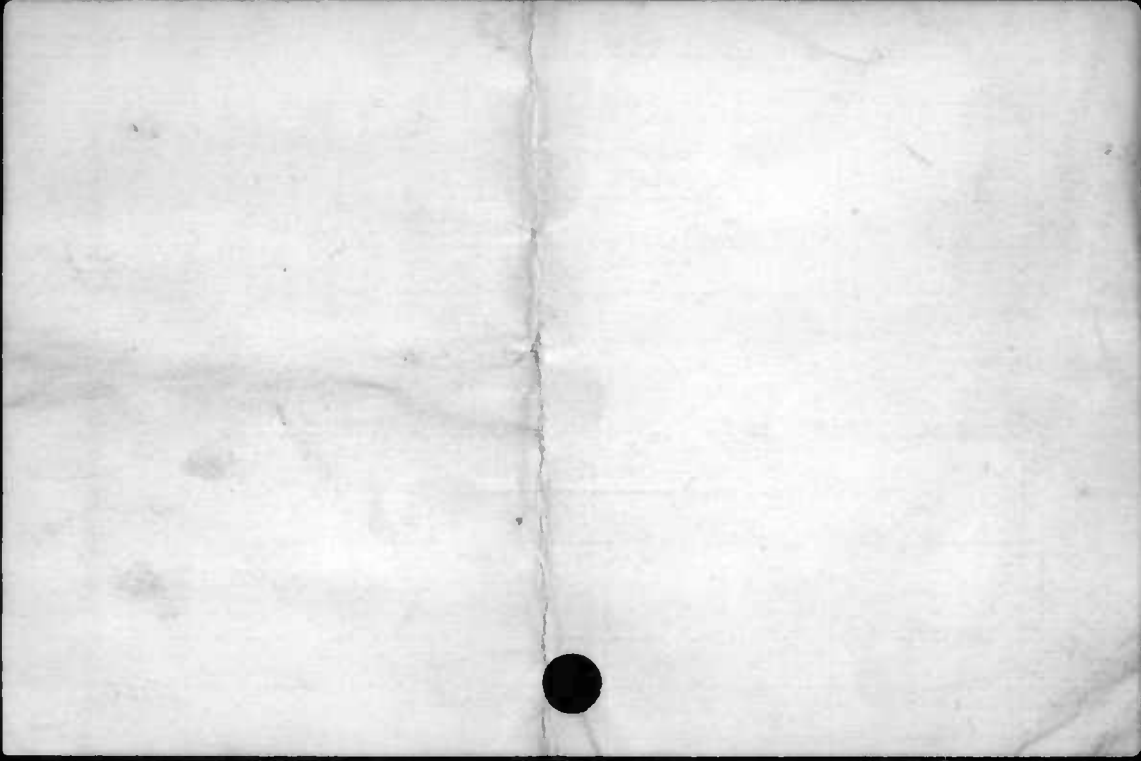
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hartley</i> ^{Town}			<i>Baltimore</i> ^{County}			MARYLAND			
Date of death <i>1906</i>		Month <i>March</i>	Day <i>27</i>	Age <i>73</i>		Years <i>7</i>		Months <i>7</i>	Days <i>—</i>
Sex <i>Female</i>			Color or Race <i>White</i>			Birthplace <i>Maryland</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>			Name of Wife or <i>Lambert Roberts, deceased</i> Husband						
Father's Name <i>Walter Billingslea</i>						Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Francis Carr</i>						Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Lida Roberts</i>						How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

Primary <i>General debility</i>	How long <i>20 years</i>
Immediate <i>Anger of lungs</i>	How long <i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jno. S. Sheen</i>
	Address <i>5111 1/2 St. N.E. Wash. D.C.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

Barbara Cross

CERTIFICATE OF DEATH

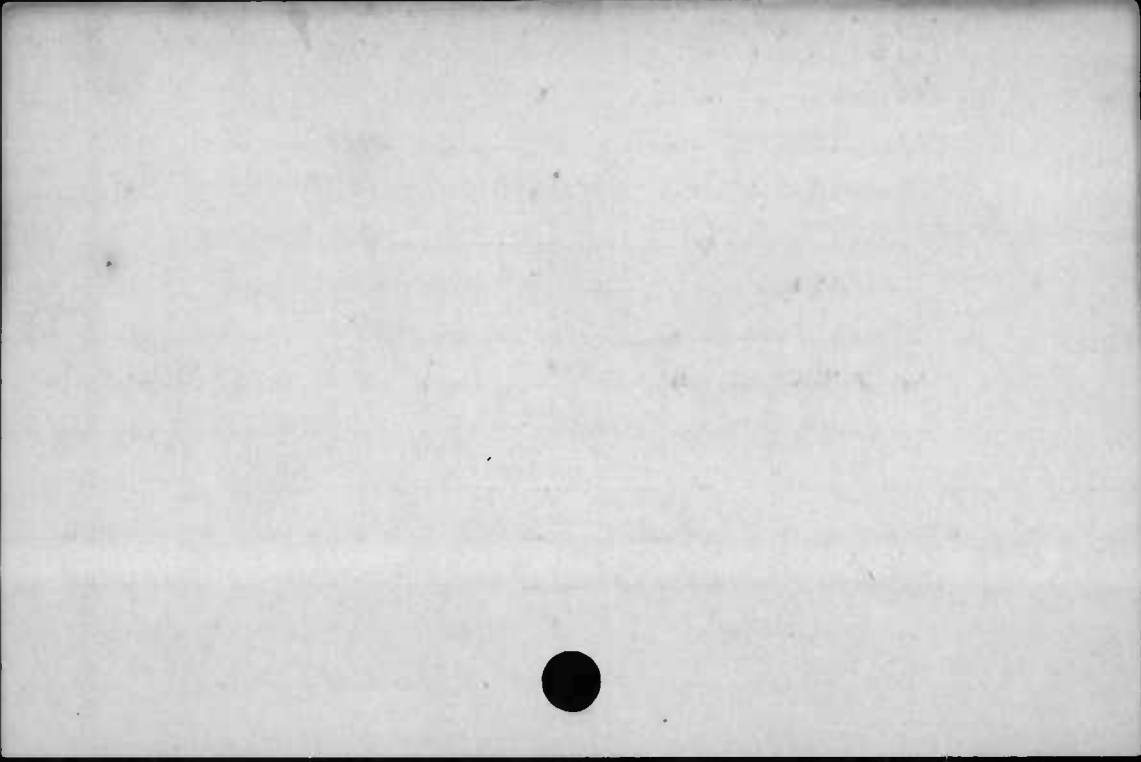
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rosedale</u>		County <u>Baileys</u>		MARYLAND	
Date of death	1906	Month <u>Feb</u>	Day <u>25</u>	Age	Years <u>77</u> Months <u>-</u> Days <u>-</u>
Sex	<u>Female</u>		Color or Race	<u>White</u>	Birth-place <u>Germany</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband <u>Edward Cross</u>		
Father's Name	<u>-</u>		Father's Birthplace <u>Germany</u>		
Mother's Maiden Name	<u>-</u>		Mother's Birthplace <u>Germany</u>		
Name of person giving information	<u>Mrs Eckman</u>		How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Bronchial Asthma</u>	How long	<u>20 years</u>
Immediate	<u>Heart failure</u>	How long	<u>-</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>L. Villan</u>	
		Address <u>Grossville</u>	
Accident or Suicide?		<u>-</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Bear Den

Town

Balti-

County

Date

of death

1906 Mar.

Month

Day

4

Age

Years

45

Months

Days

Sex

female

Color or
Race

white

Birth-
place

Ireland

Occupation

house work

Where Residing if not
at place of death

at home

Married, Single
or Widowed

married

Name of Wife or
Husband

Pat Sealey

Father's
Name

Lawrence Cunningham

Father's
Birthplace

Ireland

Mother's
Maiden Name

Cathleen Holey

Mother's
Birthplace

Ireland

Name of person giving
In formation

Emma Sealey

How related
to deceased

daughter

(117)

CAUSES OF DEATH

Primary

Diseases of Liver, Gastric Catarrh

How long

Several months

Immediate

Mitral Insufficiency + Dropsy

How long

2 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

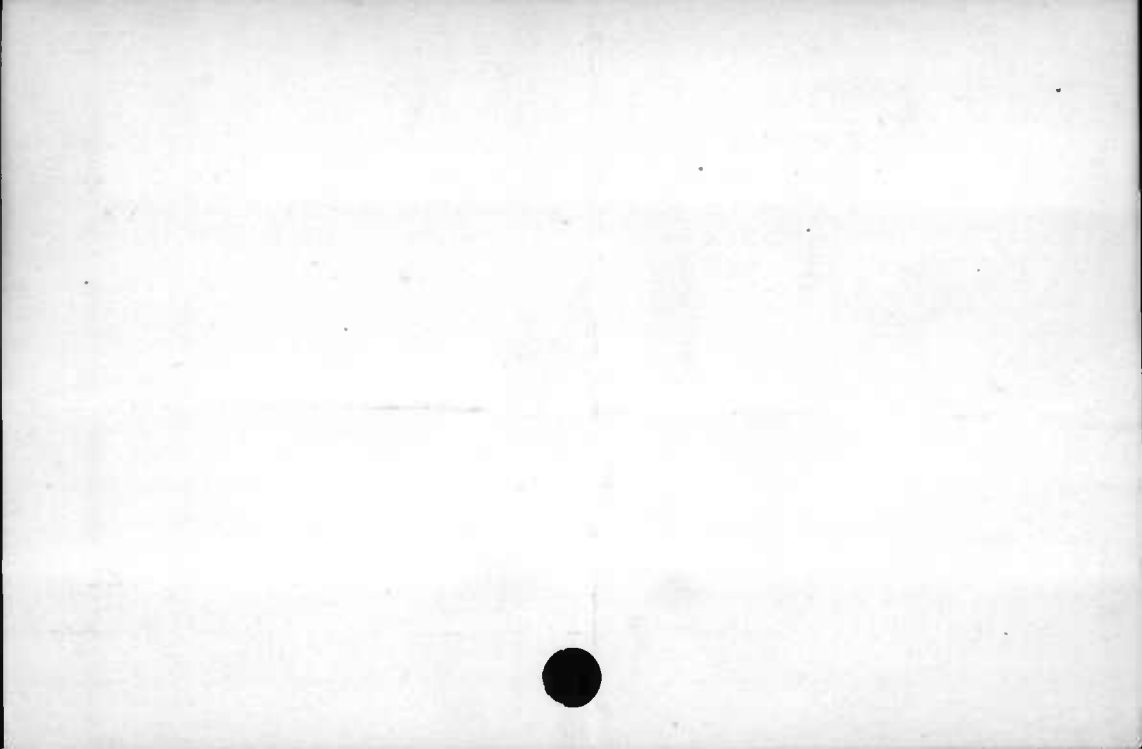
B. V. Burrey

Address

Texas Ind.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Martin Schanze

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Monroe Pk		County Baltimore		MARYLAND	
Date of death 190		6	Month Mch	31	Day	71	Age
						Months 1	Days 21
Sex Male		Color or Race White		Birth- place Germany			
Married, Single or Widowed Indiv		Occupation Baker					
Name of Wife or Husband Margaret Schanze							
Father's Name John Schanze		Father's Birthplace Germany					
Mother's Maiden Name Elizabeth Stuntach		Mother's Birthplace "					
Name of person giving Information Minnie Bier		How related to deceased Sister					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Bright's disease	How long	3 yrs
Immediate	Heart disease	How long	"

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Geo. S. M. Keffer

Monroe Pk.

Baltimore Md

Accident or Suicide?

Lower Pk.

Harry W. Ehlen
Ehlen

Name
in
Full

George Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1906</i> Month <i>March</i> Day <i>30</i>	Age	<i>10</i> Years	Months	Days
Sex	<i>Female</i> Male	Color or Race	<i>White</i>	Birth-place	<i>Balto. Co. Md.</i>
Occupation	<i>None</i>	Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband <i>_____</i>			
Father's Name	<i>John Schmidt</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Margaret Mockel</i>			Mother's Birthplace	<i>Germany</i>
Name of person giving information	<i>John Schmidt</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Meningitis</i>	How long	<i>24 hours</i>
Immediate	<i>Coma</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. L. Quackenbush</i>
		Address	<i>3 And Stough Highlandtown</i>
Accident or Suicide?	<i>No</i>		

Sacred Heart Cemetery

April 1st 1906

Germanus France

Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Centon</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND			
Date of death <i>1906</i>		Month <i>March</i>	Day <i>18</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto. Co.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Fredrick W. Schnitzke</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Paulina Hein</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Fredrick W. Schnitzke</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary *congenital Disease Heart*

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

C. H. Atter M.D.
2 Hudson St.
N.Y.C.

Dr. A. H. H.

Name
in
Full

Barbara Schuman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>March</u>	Day <u>25</u>	Age <u>34</u>	Months <u>4</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore Md.</u>		
Occupation <u>Housework</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John Schuman</u>				
Father's Name <u>Joseph Rein del</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Catharine Meterer</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>John Schuman</u>	How related to deceased <u>husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Constriction of Lungs</u>	(95)	How long <u>about 6 weeks</u>
Immediate <u>Heart failure</u>		How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. Collierburg</u>	
	Address <u>1810 2 Baltimore St.</u>	
Accident or Suicide? <u>no</u>		

Sacred Heart Cemetery

March 28 ¹/₂ 1906

Germanus France

under later

Name

in
Full

Catherine Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>W Roland Park</i> ^{County} <i>Balt Co</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Mar</i>	Day <i>11</i>	Age <i>74</i>
Sex <i>Female</i>	Color or Race <i>Color</i>	Birth-place <i>Balt Co</i>	
Occupation <i>Cook</i>	Where Residing if not at place of death <i>W Roland Park</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife Husband <i>W Scott</i>		
Father's Name <i>not known</i>	Father's Birthplace <i>not known</i>		
Mother's Maiden Name <i>Charles Scott</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Mrs Bond</i>	How related to deceased <i>Niece</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Intestinal Infection</i>	How long <i>18 mos</i>
Immediate <i>apoplexy</i>	How long <i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C H Beeton M.D.</i>
	Address <i>1720 Washington</i>
Accident or Suicide?	<i>Ind</i>

A. S. U. and Hall
3539 Falls Road

St John Church
Sharnwood
Mar. 13 - 1907

Name in Full		CERTIFICATE OF DEATH			
Jacob A. Seidel		Town Lowson		County Bullo.	
Died at		Date of death		Maryland	
1906		Mar.		Age 70	
Sex Male		Color or Race White		Birthplace Germany	
Occupation Farmer		Where Residing if not at place of death Lowson			
Married, Yes		Husband or Mary K. Seidel			
Father's Name John F. Seidel		Father's Birthplace Germany			
Mother's Maiden Name Kath. Schneider		Mother's Birthplace Germany			
Name of person giving information Jacob Seidel		How related to deceased Son			
CAUSES OF DEATH					
Primary		Corcinoma of Stomach		How long 40	
Immediate		Cardiac Asthenia		How long 7 Mo. 16 hours	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. Gayton Quill M.D.	
		Address		Lowson Md.	
Accident or Suicide?					

John Burns Sons
Prospect Hill Corn
Towson

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joseph M. Sibisky*
 Died at *Highlandtown* ^{Town} *Balto.* ^{County}
 Date of death *1906* ^{Month} *3* ^{Day} *17* ^{Age} *—* ^{Years} *—* ^{Months} *11* ^{Days} *7*
 Sex *Male* Color or Race *White* Birth-place *Balto*
 Occupation *none* Where Residing if not at place of death *812 First St.*
 Married, Single or Widowed *—* Name of Wife or Husband *—*
 Father's Name *Joseph M. Sibisky* Father's Birthplace *Balto*
 Mother's Maiden Name *Elizabeth Imhofe* Mother's Birthplace *" "*
 Name of person giving information *"* *"* *(92)* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Broncho Pneumonia* How long *6 days*
 Immediate *As the Toxemia* How long *—*
 Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *M. J. McElroy M.D.*
 Address *839 S. Canton St.*
 Accident or Suicide? ☐

Balto. learn.

~~Balto. learn~~

J Herwig & Son

3/19/66

Name
in
Full

Annie Smith

CERTIFICATE OF DEATH

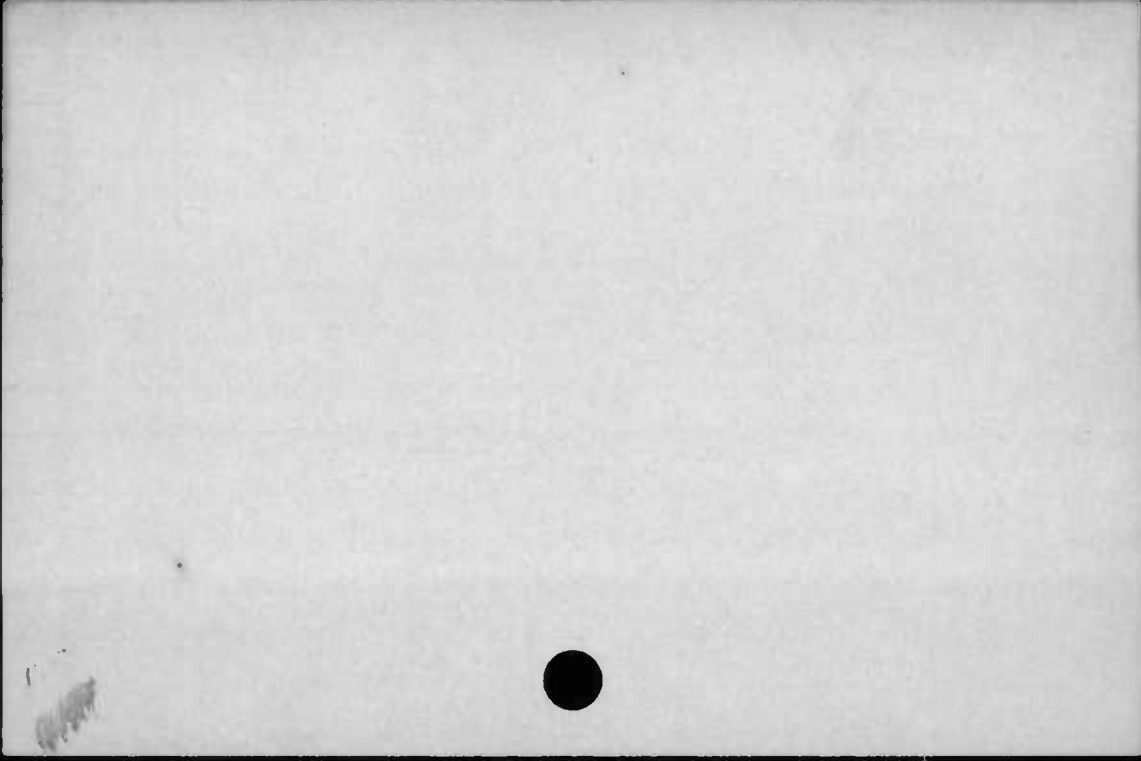
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rossview		County Palo Alto		MARYLAND	
Date of death	1906	Month March	Day 24	Age 2	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Ind
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			John Smith			Father's Birthplace	
Mother's Maiden Name			Bertha Ashman			Mother's Birthplace	
Name of person giving In formation			—			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

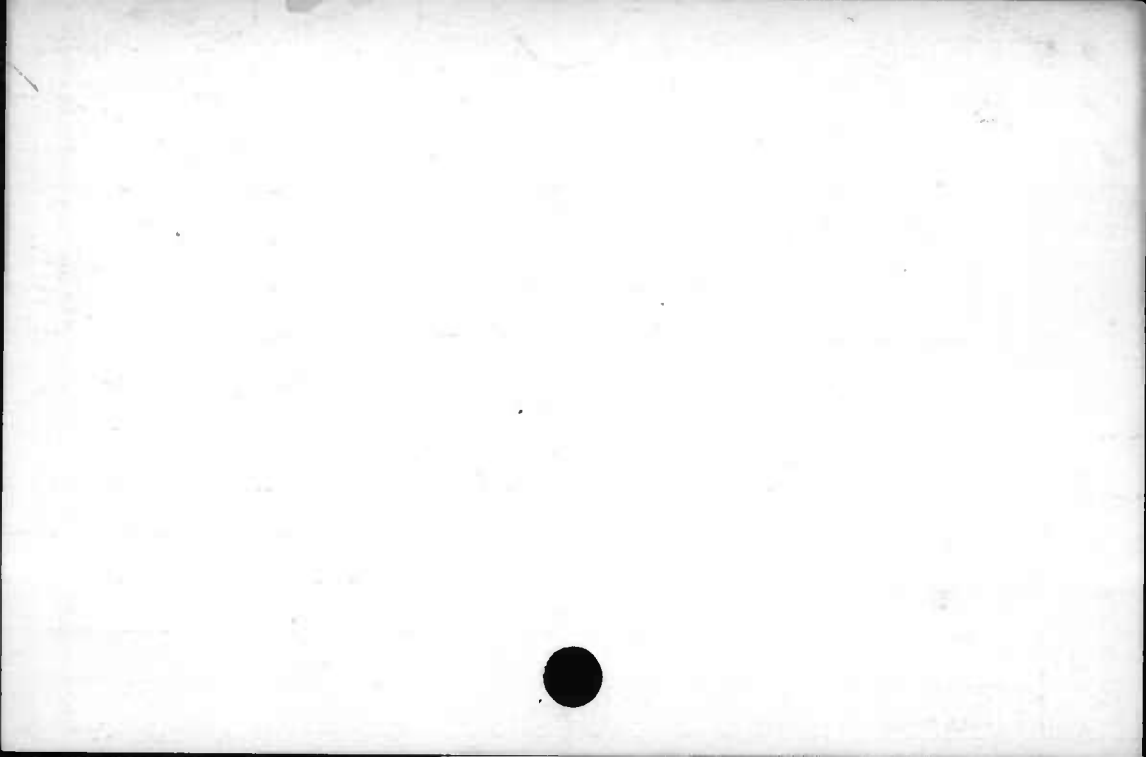
Primary	Bronchitis Pneumonia		How long	2 weeks
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			Palo Alto	
			Ind	
Accident or Suicide?				



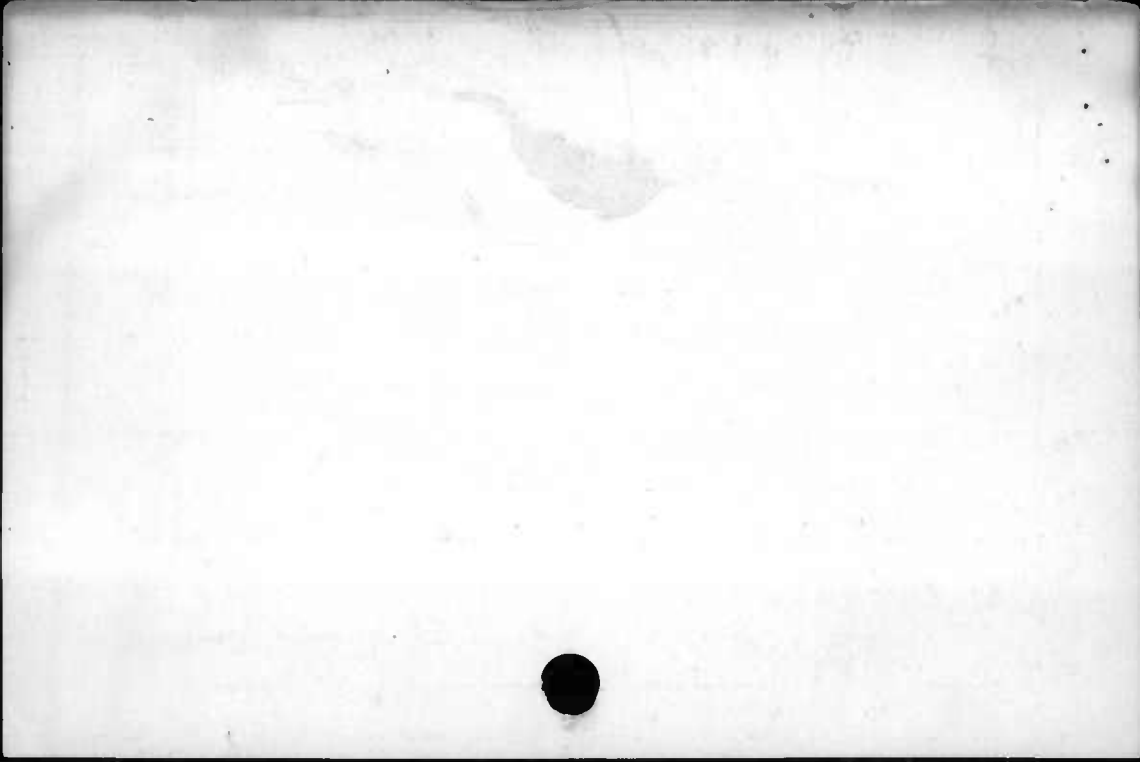
Name in Full		Bridget Serrith				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death		1906	Month 3	Day 6	Age 73	Months "	Days "
Sex	Female		Color or Race	white		Birth-place	Ross Cornwauane
Occupation	House wife			Where Residing If not at place of death		Towson	
Married, Single or Widowed	Married		Name of Wife or Husband		John Serrith		
Father's Name	Patrick Scally					Father's Birthplace	—
Mother's Maiden Name	—					Mother's Birthplace	—
Name of person giving information	Miss Sallie Serrith					How related to deceased	Daughter.
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Chronic Mania (68)				How long	24 years
	Immediate	Uraemia Toxaemia				How long	20 hours.
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	R. C. Maunburg M.D.	
					Address	Towson Md	
Accident or Suicide?		Neither					

John Burns Sons
Wt. Maria Cerr.
London

Name in Full		Unnamed Infant Smith				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Gorach Mills	County Baltimore	MARYLAND			
		Date of death	1906	Month March	Day 18 th	Age 0	Months 0	Days 3	
		Sex	Female		Color or Race	Colored		Birth-place	Gorach Mills Md.
		Occupation			Where Residing if not at place of death				
		Married, Single or Widowed			Name of Wife or Husband				
PHYSICIAN OR CORONER		Father's Name				Father's Birthplace			
		Mother's Maiden Name				Mother's Birthplace			
		Name of person giving information				How related to deceased			
CAUSES OF DEATH									
Primary		How long							
Immediate		How long							
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician					
Accident or Suicide?				Address					



Name in Full		Town		County		CERTIFICATE OF DEATH	
Joseph E. Smith		New Mt Winans		Balto.		MARYLAND	
Died at		Date of death	Month	Day	Age	Years	Months
		1906	March	27 th	56		7
Sex		Color or Race	Birthplace				
Male		White	Maryland.				
Occupation		Where Residing if not at place of death					
Sand Contractor							
Married, Single or Widowed		Name of Wife or Husband					
Married		Emma Smith					
Father's Name		Father's Birthplace					
John Smith		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Abbie Weaver		Maryland					
Name of person giving information		How related to deceased					
Emma Smith		Widow.					
CAUSES OF DEATH							
Primary		How long					
Gastric Cancer		About 18 Mos.					
Immediate		How long					
Osteemia		About 3 Mos.					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes.		Address					
		# 11.7 N Carey St. Balto.					
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

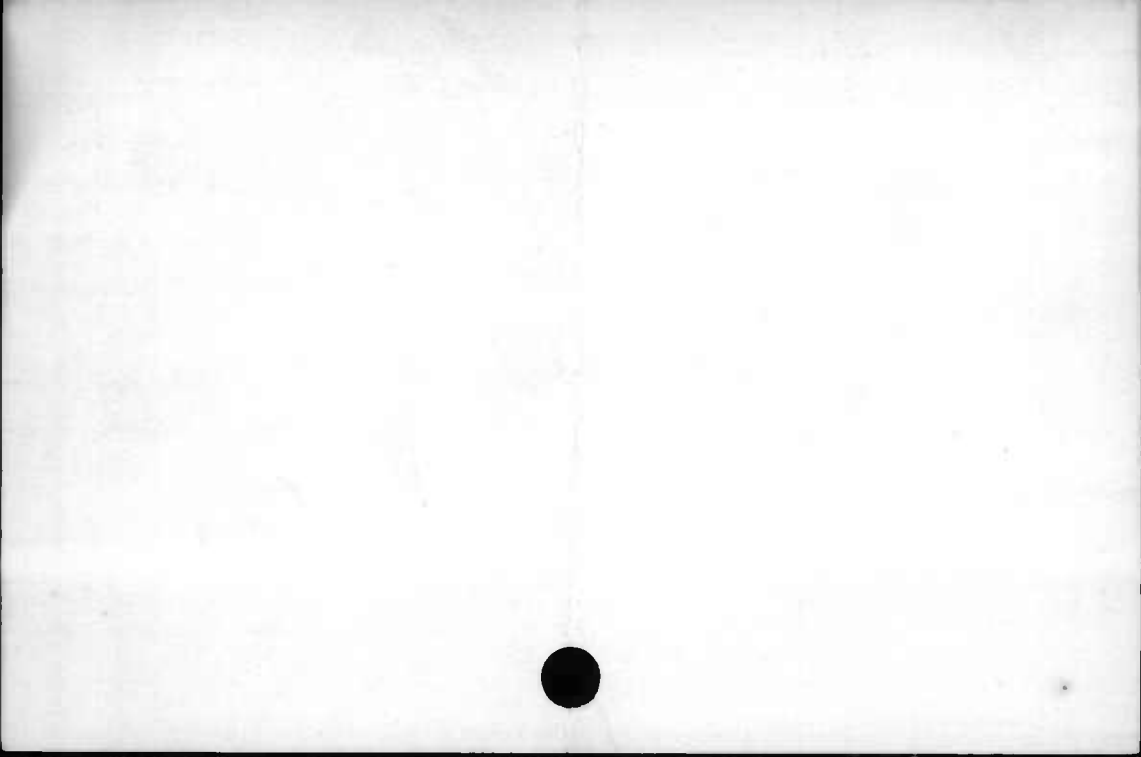
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Philadelphia</i>		County <i>Balto.</i>		MARYLAND	
Date of death	1906	Month <i>March</i>	Day <i>5</i>	Age <i>49</i>	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Domestic</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Nathaniel Smith</i>			
Father's Name <i>Peter Carr</i>			Father's Birthplace		
Mother's Maiden Name <i>Eliza Wertz</i>			Mother's Birthplace		
Name of person giving information <i>Nathaniel</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lobar Pneumonia</i>	(93)	How long <i>12 days</i>
Immediate <i>Endocarditis Ulcerative</i>		How long <i>21 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. W. Sherman</i>	
	Address <i>Glencoe</i>	
Accident or Suicide?	<i>Ind.</i>	



Name
in
Full

Frank Sathron

CERTIFICATE OF DEATH

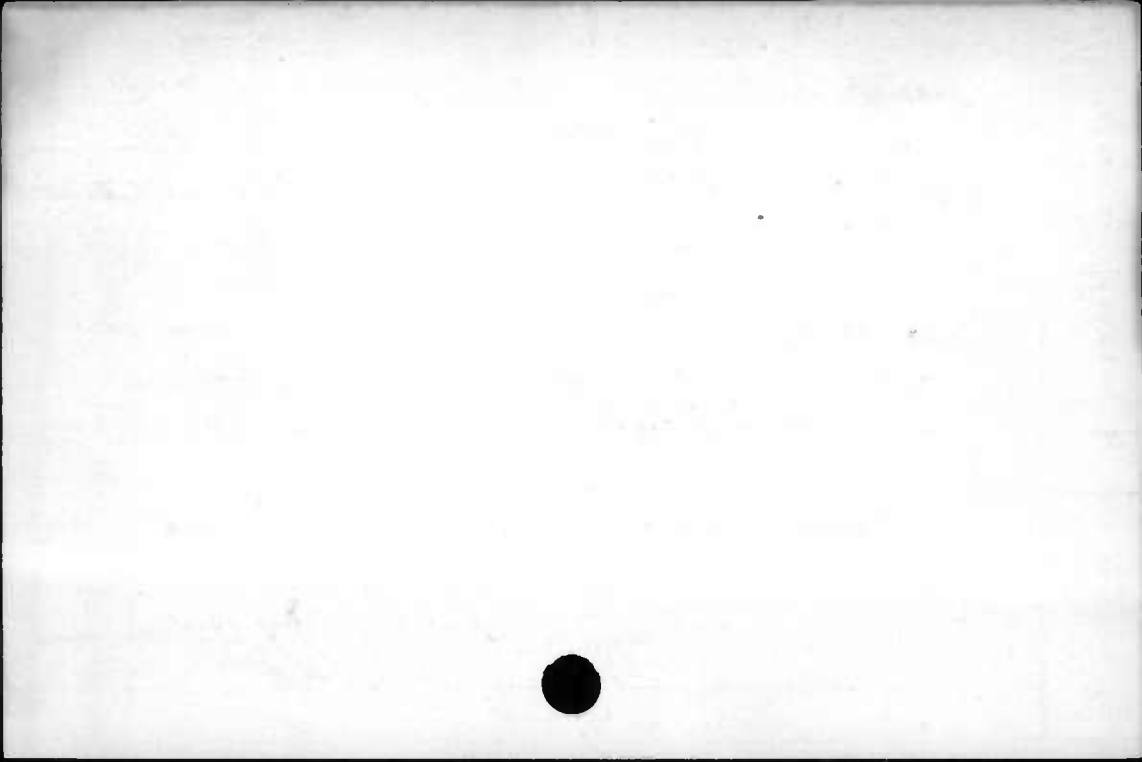
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrows Point</i>		Town <i>Balto.</i>		County		MARYLAND	
Date of death	1906	Month	3	Day	2	Age	67
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>—</i>	
Occupation <i>Clerk</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rebecca Sathron</i>		Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>	
Father's Name <i>Richard Sathron</i>		Mother's Maiden Name <i>Susan M Johnson</i>		How related to deceased <i>Wife</i>			
Name of person giving information <i>Rebecca Sathron</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile Bronchitis</i>	How long	<i>6 or 8 mos.</i>
Immediate	<i>Pulmonary Edema</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. C. Mc Cormick M.D.</i>	
		Address <i>Sparrows Point, Md.</i>	
Accident or Suicide? <i>✓</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Maurice M Sparks*

Died at *Moulton* ^{Town} *Balto* ^{County}

Date of death *1906* ^{Month} *March* ^{Day} *22* ^{Years} *3* ^{Months} *0* ^{Days}

Sex *white male* Color or Race *white* Birth-place *Moulton*

Occupation *—* Where Residing if not at place of death *—*

Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name*Richard R. Sparks*Father's
Birthplace*Moulton*Mother's
Maiden Name*Charlotte Payne*Mother's
Birthplace*Hagerstown*Name of person giving
In formation*Charlotte Sparks*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

Marasmus

How long

3 mo

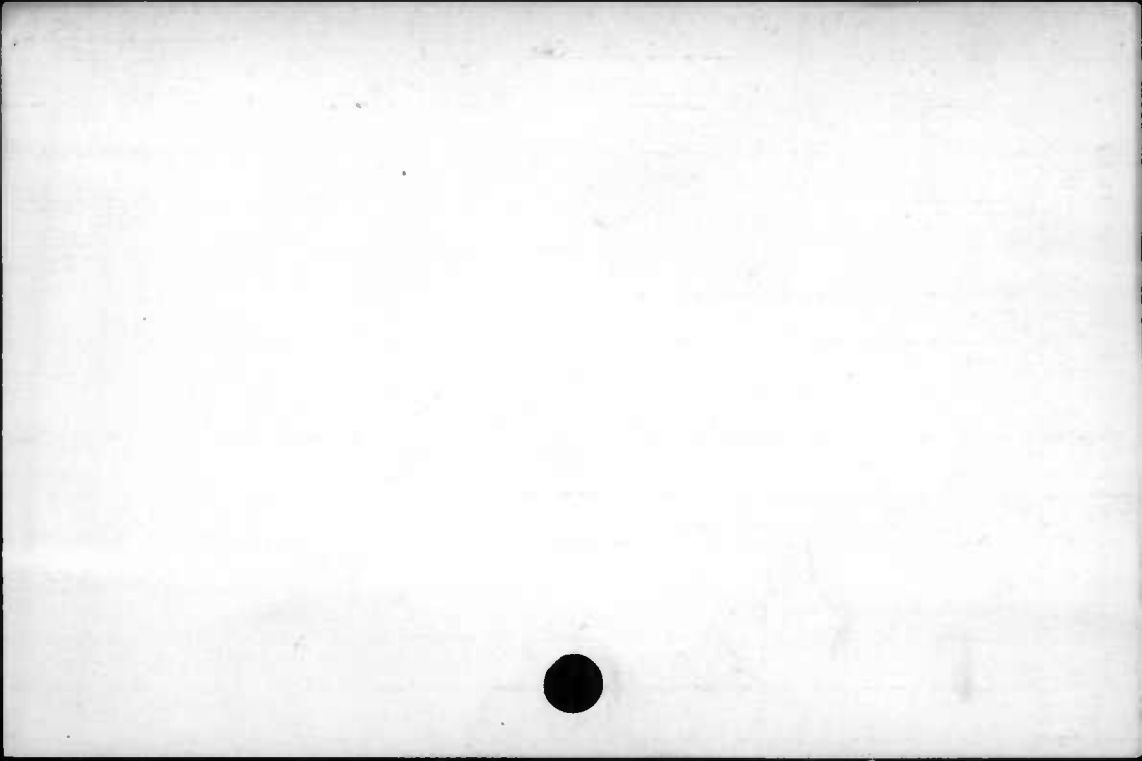
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*J. R. Payne*

Address

Carroll

Accident or Suicide?



Name
in
Full

Sarah Stiffler

CERTIFICATE OF DEATH

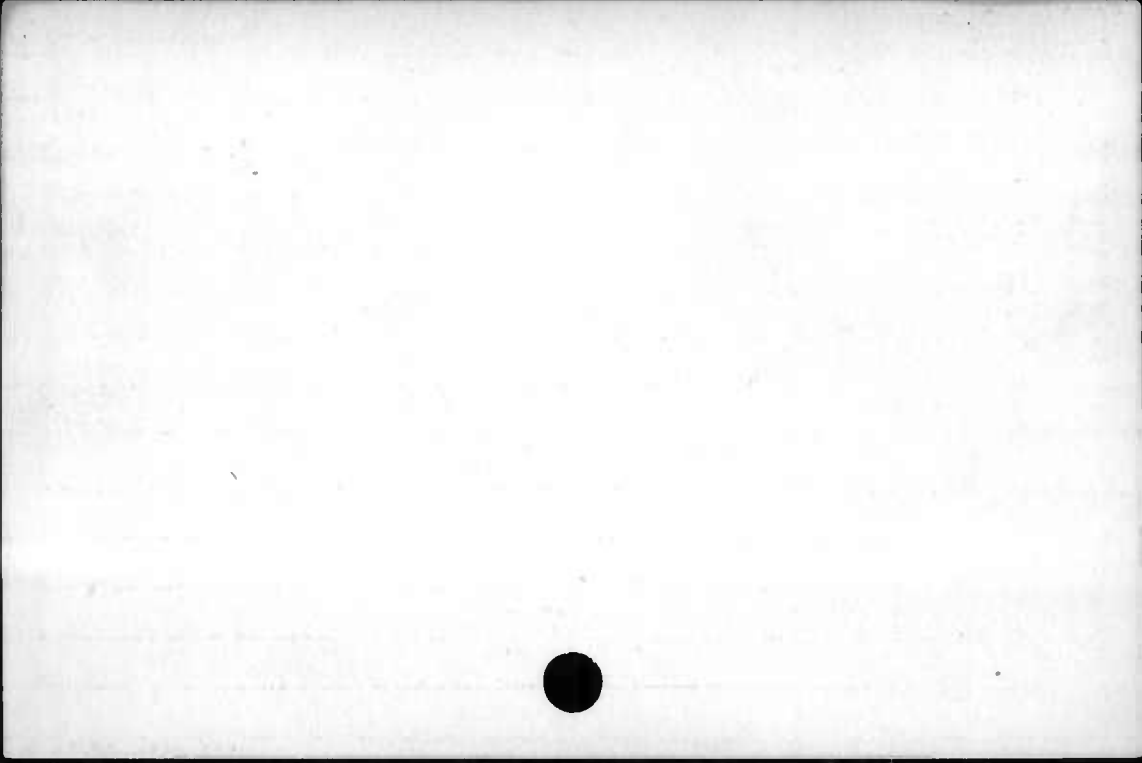
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town PARKTON		County BALTIMORE		MARYLAND	
Date of death 1906	Month MAR	Day 29	Age	Years 76	Months	Days 11	
Sex	Female		Color or Race	White		Birth- place	Md.
Married, Single or Widowed	Widowed		Occupation	Housekeeper			
Name of Wife or Husband							
Father's Name				Baublitz			
Mother's Maiden Name				Do not know			
Name of person giving In formation				R. A. Stiffler (54)			
Father's Birthplace				Md			
Mother's Birthplace				Md			
How related to deceased				Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pericious Anaemia		How long	6 to 8 Months
Immediate	General Failure		How long	7 to 10 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	A. Mitchell
			Address	Moukton, Md.
Accident or Suicide?				



Name
in
Full

Caroline H. Storck 3/3/11

CERTIFICATE OF DEATH

MARYLAND

Died at Canton ^{Town}Baltimore ^{County}

Date

of death 1906

Month

March

Day

12

Age

Years

61

Months

1

Days

4

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

House wife

Where Residing if not
at place of death

—

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Johann Storck

Father's
Birthplace

Germany

Mother's
Maiden Name

Hulda Kolbe

Mother's
Birthplace

s

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Ulceration of Entire Lower Small
Intestine

How long

unt. Defection

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

C. N. Hickey
27 Hudson St. Ex.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

George. O. Sutton

CERTIFICATE OF DEATH

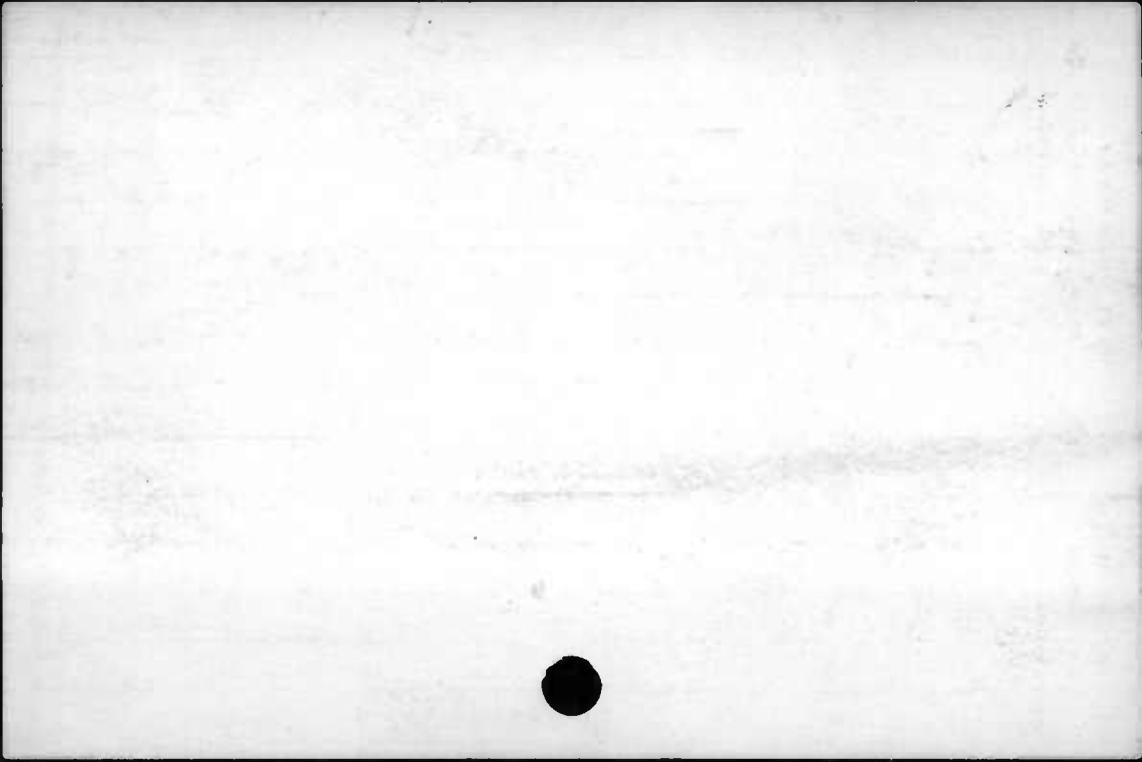
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Monkton</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>Mar</i>		Day <i>19</i>		Age <i>7</i>	
Sex <i>Boy</i>		Color or Race <i>White</i>		Birthplace <i>near Monkton</i>		Months <i>7</i> Days <i>6</i>	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Thos Sutton</i>		Father's Birthplace <i>Harford Co</i>					
Mother's Maiden Name <i>Georgia Brewer</i>		Mother's Birthplace <i>Balto Co</i>					
Name of person giving information <i>(90)</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>	How long <i>10 da</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. Payne</i>
	Address <i>Forbett Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

Name in Full Anna Savin Taylor		Town Highland		County Baltimore		State MARYLAND	
Died at Highland		Month 8		Day 5		Years 25	
Date of death 1906		Month 8		Day 5		Age 25	
Sex Female		Color or Race White		Birth-place W. Va.		19	
Occupation Housewife		Where Residing if not at place of death 					
Married, Single or Widowed Married		Name of Husband Preston Taylor					
Father's Name John M. Marsteller		Father's Birthplace Maryland					
Mother's Maiden Name Anna Savin		Mother's Birthplace Maryland					
Name of person giving information John Taylor		How related to deceased Husband					

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Typhoid fever	How long 24 days
Immediate Perforation of bowel. Hemorrhage	How long 2 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician David W. Jones M.D.
	Address 3116 O'Donnell St.
Accident or Suicide? 	

PHYSICIAN
OR CORONER

Conover
Hartford Co.
Maryland

Name
in
Full

Martha Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at

Canton ^{town}Baltimore ^{County}

Date

of death 1906

Month

March

Day

13

Age

Years

50

Months

6

Days

23

Sex

Female

Color or
Race

White

Birth-
place

Baltimore

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Sam. J. Taylor

Father's
Name

Andrew Winters

Father's
Birthplace

Germany

Mother's
Maiden Name

Minnie Hartung

Mother's
Birthplace

"

Name of person giving
Information

Samuel J. Taylor

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Hemi plegia

How long

3 yrs

Immediate

Intestinal obstruction

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. L. Burke M.D.

Address

218 Calomell St

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Champton Thornton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Sheppard* ^{Town}*Bald* ^{County}

MARYLAND

Date of death *1906* ^{Month} *March*Day *4*Age *2* ^{Years}Months *10*

Days

Sex *Male*Color or
Race*Black*Birth-
place*Sheppard*

Occupation

Where Residing if not
at place of deathMarried, Single*
or WidowedName of Wife or
HusbandFather's
Name*Mathew Thornton*Father's
Birthplace*Pa*Mother's
Maiden Name*Hattie Washington*Mother's
Birthplace*Ind.*Name of person giving
In formation*Mathew Thornton*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Capillary Bronchitis

How long

How long

4 da

Immediate

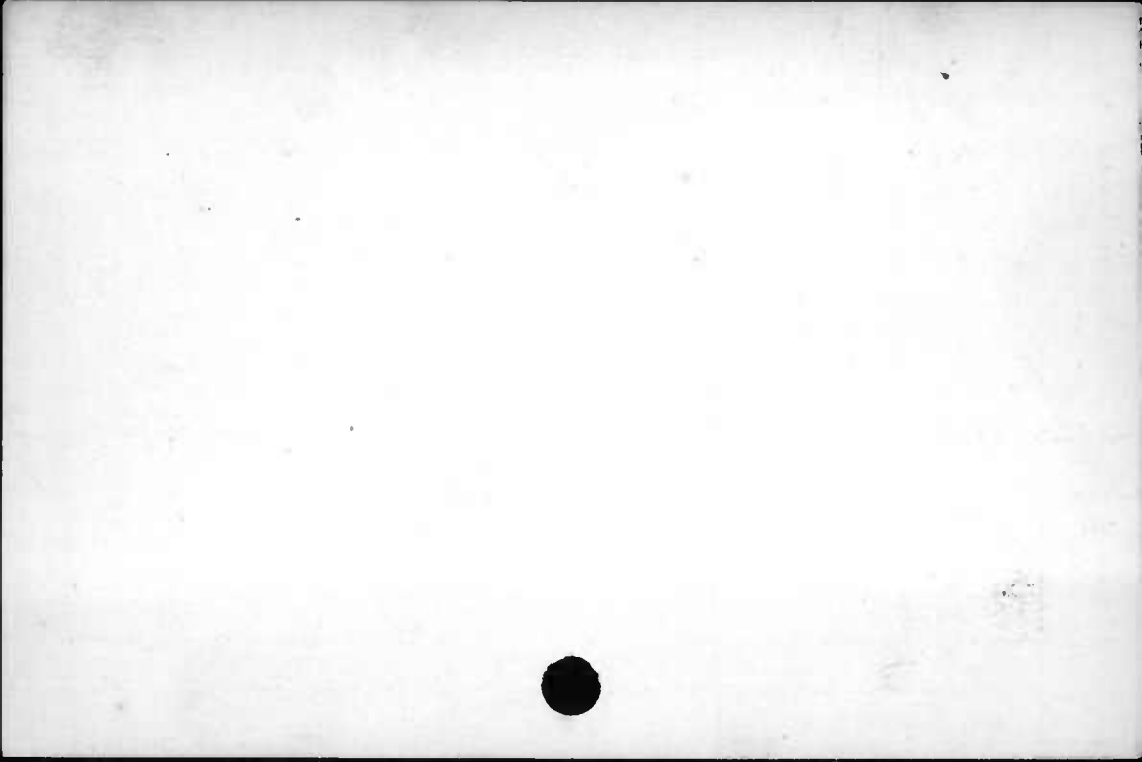
Are the name, age, sex, color, date
and place correctly given above*yes*Signature of
Physician

Address

*J. Ross Payne**Corbett*

Accident or Suicide?

*No*PHYSICIAN
OR CORONER



Name
in
Full

George A Trager

CERTIFICATE OF DEATH

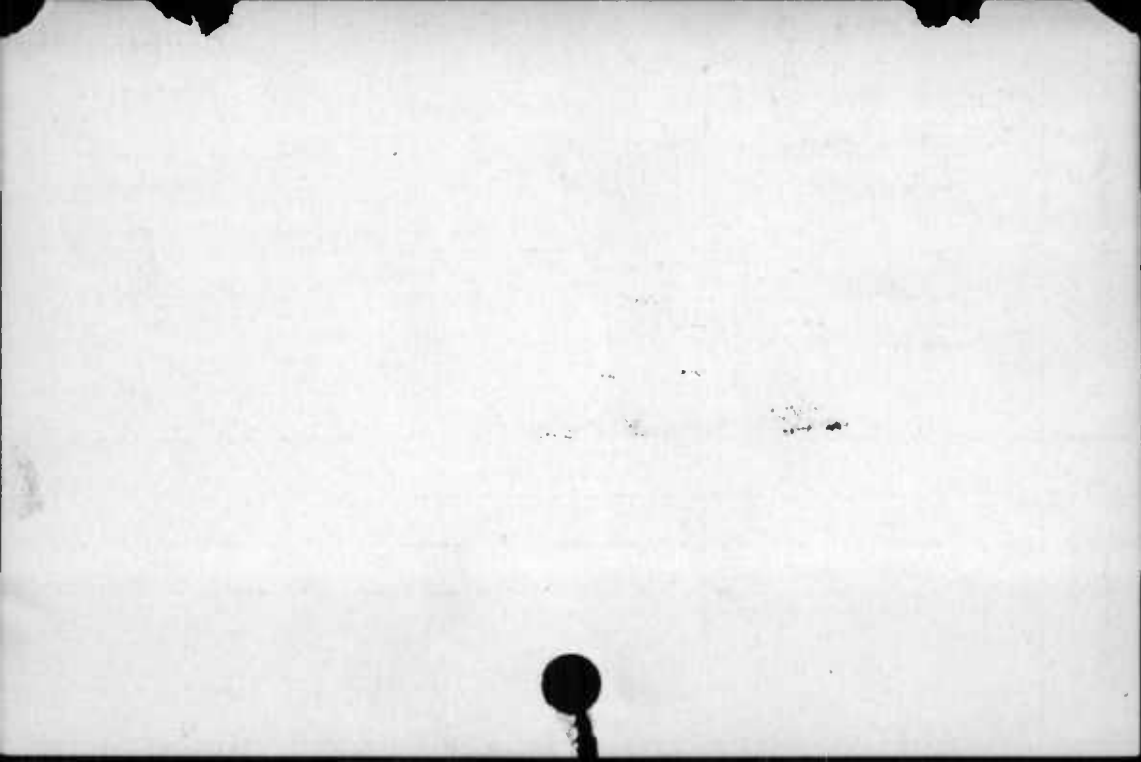
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Glyndon</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u> <small>Year</small>	<u>Mar</u> <small>Month</small>	<u>29</u> <small>Day</small>	<u>69</u> <small>Years</small>	<u> </u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>white</u>	Birth-place	<u>Germany</u>
Occupation	<u>Day Laborer</u>		Where Residing if not at place of death <u> </u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Mary C. Trager</u>		
Father's Name	<u> </u>			Father's Birthplace	<u> </u>
Mother's Maiden Name	<u> </u>			Mother's Birthplace	<u> </u>
Name of person giving information	<u>Mary C Trager</u>			How related to deceased	<u>wife</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Senile Debility</u>	How long	<u>10</u>
Immediate	<u>La Grippe & Cardiac failure</u>	How long	<u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Thurman</u>	
<u>Y</u>		Address <u>Glyndon Md</u>	
Accident or Suicide? <u>X</u>			



Name
in
Full

Barbara S. Uhl


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> Town			<u>Baltimore</u> County			MARYLAND		
Date of death <u>1906</u>		Month <u>March</u>	Day <u>9</u>	Age <u>3</u> Years		Months <u> </u>		Days <u> </u>
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Md.</u>				
Occupation <u>None</u>				Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u> </u>						
Father's Name <u>Adam Uhl</u>				Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Margaret Krebs</u>				Mother's Birthplace <u>"</u>				
Name of person giving information <u>Adam Uhl</u>				How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Scarlet Fever</u> 	How long
Immediate		How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Edw. M. Singswald</u>
		Address <u>721 Washington St</u>
		<u>Balto. Md.</u>
Accident or Suicide		

Sacred Heart Cemetery

March 10 th 1908

Germanus France

Undertaker

Name
in
Full

Raymond Uhl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>March</i>	Day <i>10</i>	Age <i>10</i>	Years <i>4</i> Months <i>—</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Adam Uhl</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Margaret Krebs</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Adam Uhl</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Scarlet Fever</i> ⑦	How long	
Immediate		How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Edw. M. Ingwersen</i>
		Address	<i>15 N. Washington St. Baltimore, Md.</i>
Accident or Suicide?	<i>no</i>		

• Sacred Heart Cemetery

March 10 th 1906

Germanus France

Under later

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Vols</i>		Town <i>Shannon Point</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>March</i>		Day <i>29</i>	
		Age <i>33</i>		Years <i>33</i>		Months <i>-</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Austrice</i>			
Occupation <i>Suburban</i>		Where Residing if not at place of death					
Married, <i>Yes</i> or <i>Widowed</i>		Name of <i>Wife</i> or <i>Husband</i> <i>Leatrice Soyueck</i>					
Father's Name <i>-</i>		Father's Birthplace					
Mother's Maiden Name <i>-</i>		Mother's Birthplace					
Name of person giving information <i>Joe Muntz</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Lobar Pneumonia</i> (93)	How long	<i>5 days.</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank C. Eldred M.D.</i>	
		Address <i>Shannon Point</i>	
Accident or Suicide? <i>-</i>			



Name
in
Full

Infant of Charles F. Cole & F. Wacker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at <u>Catoxville</u>		Town <u>Baltimore</u>		County		MARYLAND	
Date of death 190 <u>6</u>	Month <u>March</u>	Day <u>10</u>	Age <u>✓</u>	Years <u>✓</u>	Months <u>✓</u>	Days <u>✓</u>	
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Catoxville</u>				
Married, Single or Widowed <u>✓</u>			Occupation <u>✓</u>				
Name of Wife or Husband <u>✓</u>							
Father's Name <u>Charles Wacker</u>				Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Belea Forster</u>				Mother's Birthplace <u>Philadelphia</u>			
Name of person giving information <u>Charles Wacker</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>still birth</u>	How long <u>✓</u>
Immediate <u>Shoulder presentation</u>	How long <u>✓</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W D Booker</u>
	Address <u>209 W. Monument St Balto.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

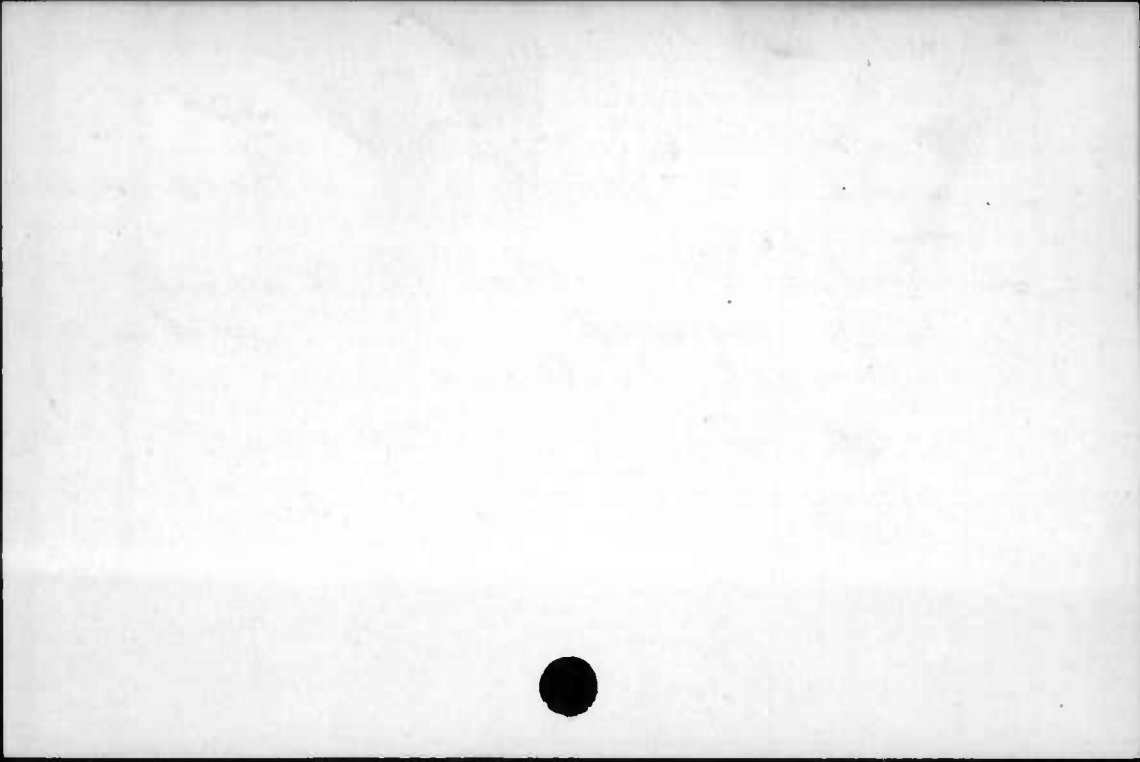
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Archie Wagner</i>		Town <i>Mt Hope Retriat</i>		County <i>Balto Co</i>		MARYLAND	
Died at <i>Mt Hope Retriat</i>		Month <i>Mar</i>		Day <i>26</i>		Years <i>53</i>	
Date of death <i>1906</i>		Months <i>unknown</i>		Days <i>unknown</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>13 Baltimore Md.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Recd Mt Hope Retriat</i>		How related to deceased <i>not at all</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mania Chronic</i>		How long <i>abt 15 yrs -</i>
Immediate <i>Ex Fibroid Phthisis</i>		How long <i>abt 6 mos -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank J. Flannery</i>
		Address <i>Mt Hope Retriat</i>
		<i>Balto Co Md -</i>
Accident or Suicide? <i>no</i>		



Name
in
Full

Lousia Wiegand

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Brinstown*^{County} *Balto*Date
of death *1906*Month *Mar*Day *7*

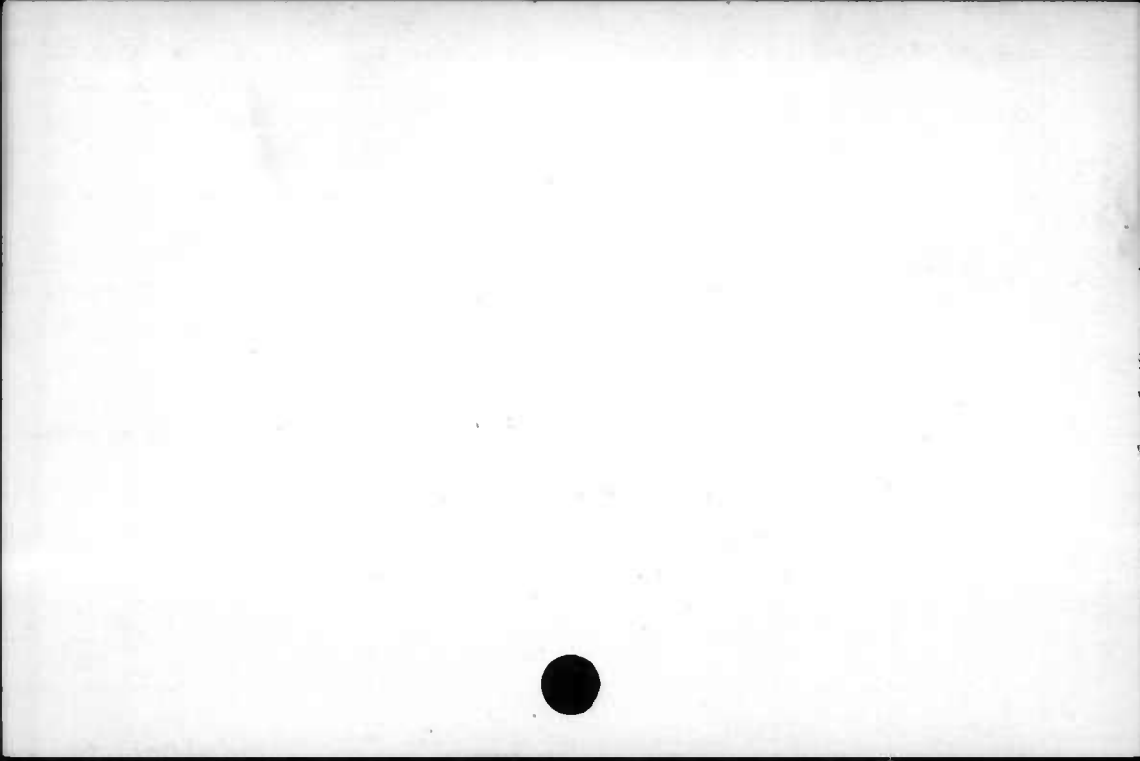
Age

Years *73*Months *—*Days *—*Sex *Female*Color or
Race *white*Birth-
place *Kent Co Md*Occupation *Housewife*Where Residing if not
at place of death *—*Married, Single
or Widowed *widow*Name of Wife or
Husband *Wm. D. Wiegand*Father's
Name *Wm. Hewitt*Father's
Birthplace *Kent Co Md*Mother's
Maiden Name *Milach Sullivan*Mother's
Birthplace *" "*Name of person giving
In formation *Henry H Wiegand*How related
to deceased *Son*

CAUSES OF DEATH

Primary *Cerebral Hemorrhage*How long *3 wks*Immediate *Hypostatic Congestion of Lung*How long *3 days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician *H M Seader*Address *Brinstown Md*PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Harry William Wildberger

CERTIFICATE OF DEATH

Died at ^{Town} Parkville^{County} Baltimore

MARYLAND

Date
of death 1906Month
3Day
8

Age

Years
2Months
5Days
14

Sex Male

Color or
Race WhiteBirth-
place Baltimore Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

August M. Wildberger

Father's
Birthplace

Parkville Md.

Mother's
Maiden Name

Jane M. Wirsing

Mother's
Birthplace

Kingsville Md.

Name of person giving
In formation

August M. Wildberger

How related
to deceased

Father

CAUSES OF DEATH

Primary

Lobular Pneumonia

How long

10 days

Immediate

Failure of vital forces

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Wm. T. S. Whitford

Address

Parkville, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER
1



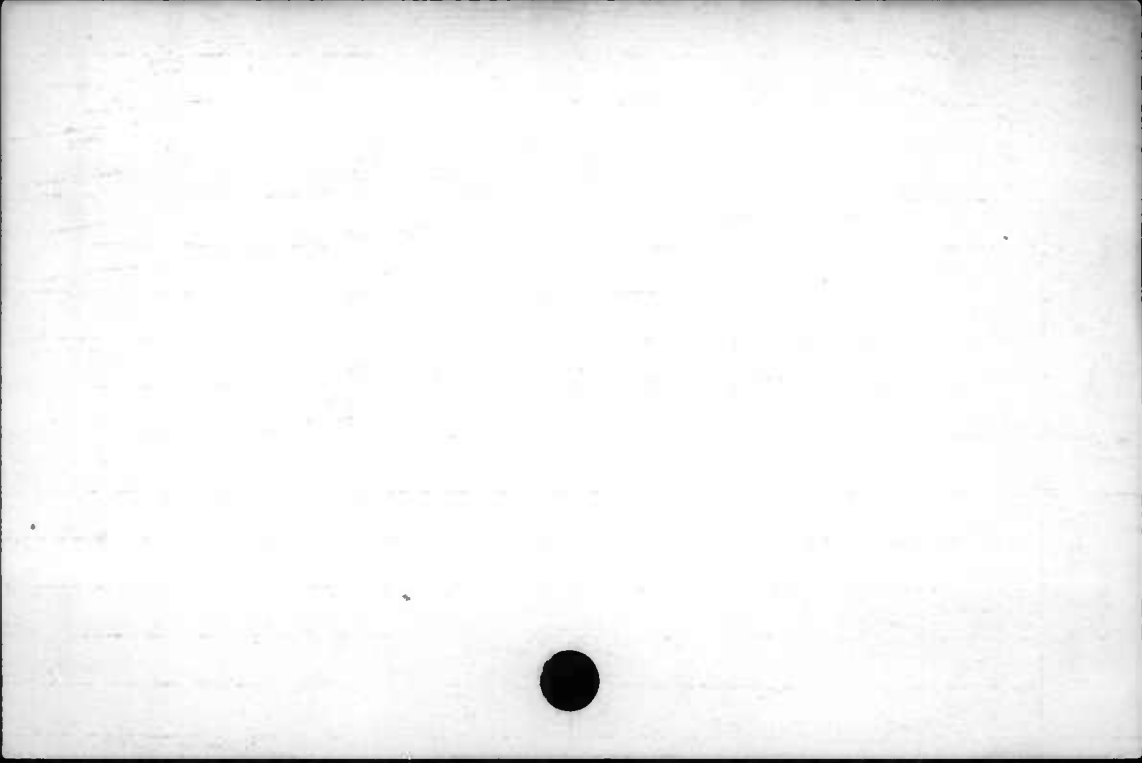
Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Isaac H. Hinder		County		MARYLAND	
	Died at <i>Towson</i>		City <i>Balt</i>			
	Date of death	1904	Month	Year	Months	Days
	Sex	Male	Color or Race	(Col)	Birth-place	Md.
	Occupation	Laborer		Where Residing if not at place of death		
	Married, <input checked="" type="checkbox"/>	Name of Wife or		Hattie Hinder		
	Father's Name	?	Father's Birthplace	?		
Mother's Maiden Name	?	Mother's Birthplace	?			
Name of person giving information	Erving Chalmers		How related to deceased		Undertaker	
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Hanged; By order of Law		How long	—	
	Immediate	Broken neck		How long	9 minutes	
	Are the name, age, sex, color, date and place correctly given above?		Yes			
	Signature of Physician		Address			
	Accident or Suicide?		No			

(Irving Chateaus
{ Phoenix -

Bureau at

Laurel County

Name in Full		Phoebe M. Winemiller				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Gorsuch Mills		Baltimore		MARYLAND		
		Date of death		1906	Month	March	Day	12th
		Age		54	Years	5	Months	14
		Sex		Female		Color or Race		White
Occupation		House keeper		Where Residing if not at place of death		York Co., Pa.		
Married, Single or Widowed		Married		Name of Wife or Husband		Jacob Winemiller		
Father's Name		William Mallet		Father's Birthplace		Pa.		
Mother's Maiden Name		Elizabeth Sharffer		Mother's Birthplace		Manchute, Md.		
Name of person giving information		Phronia Sharffer		How related to deceased		Daughter		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Diabetes mellitus & Hemiplegia		How long		
		Immediate		Coma		Sattended her for diabetes first about 1 year ago		
		Are the name, age, sex, color, date and place correctly given above?		Yes.		How long		
		Signature of Physician		Gordon Durmick		Hemiplegia since 11/9		
		Address		Stewartstown		Coma about 20 hours		
Accident or Suicide?								



Name
In
Full

Francis V. Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Govanstown ^{Town} Baltimore ^{County} MARYLAND

Date of death 1906 ^{Month} March ^{Day} 24 ^{Years} 1 ^{Months} 1 ^{Days} 10

Sex Male Color or Race White Birth-place Govanstown

Occupation None Where Residing if not at place of death Govanstown

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Francis L. Wood Father's Birthplace Balto Md

Mother's Maiden Name Elizabeth Morgan Mother's Birthplace Annapolis

Name of person giving information Francis L. Wood How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia 93 How long 10 day's

Immediate Collapse & Syncope How long 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician William J. Pillsbury, M.D.

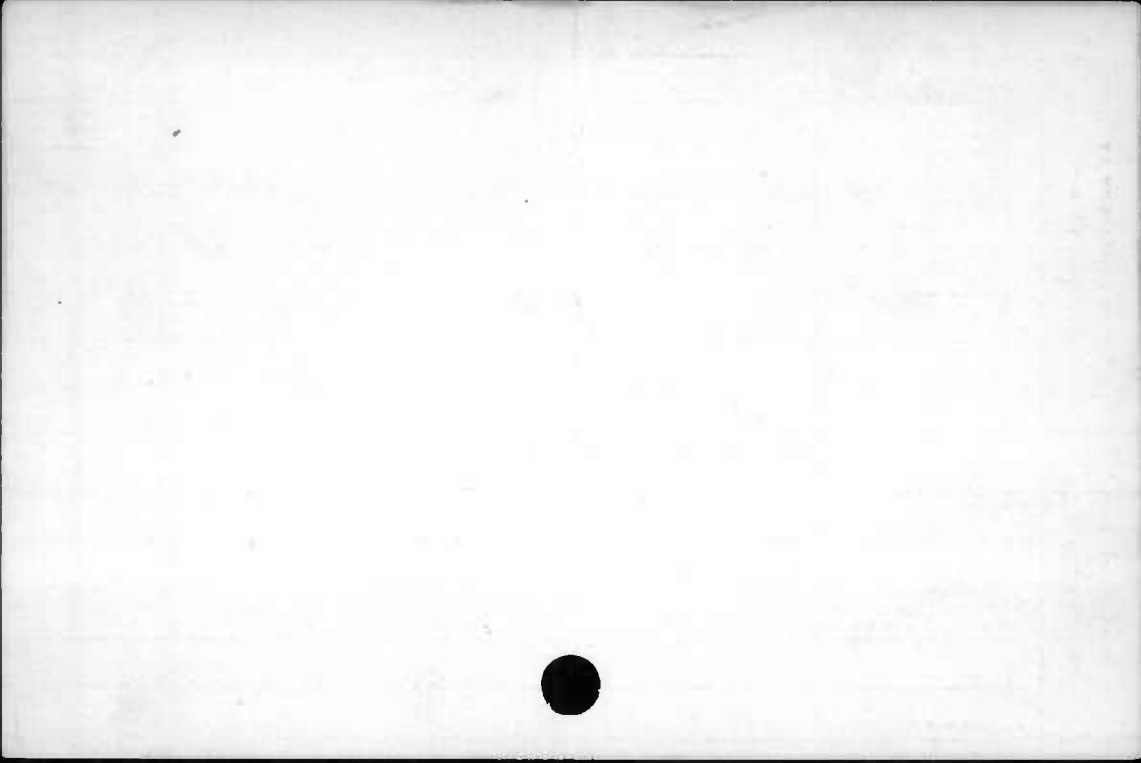
Address 2801 York Road, Balto. City

Accident or Suicide? _____

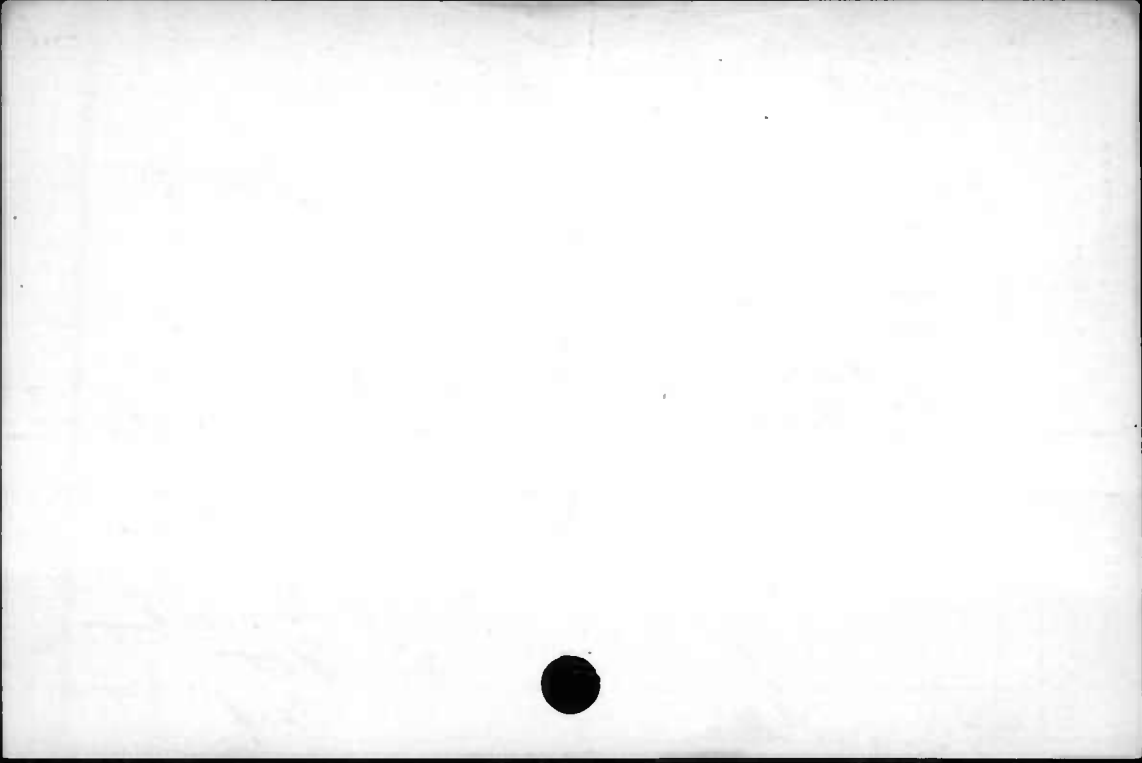
Burial at Mt. Carmel
Mich. 27/06.

William Coors
502 E North Ave

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Shinn's Point</i>		County <i>Baltimore</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>March</i>	Day <i>3</i>	Years <i>70</i>	Months <i>3</i> Days <i>3</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>New York State</i>
	Occupation <i>clerk</i>		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name <i>Not known</i>		Father's Birthplace <i>Not known</i>		
	Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>Not known</i>		
Name of person giving information <i>Chas. J. Wordenoff</i>		How related to deceased <i>Son</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Acute Indigestion</i>		How long <i>5 hours</i>		<i>(8)</i>
	Immediate <i>Cardiac Embolism</i>		How long <i>A few minutes</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. C. Eldred M.D.</i>		
			Address <i>Shinn's Point, Md</i>		
	Accident or Suicide?				



Name in Full		Dorothy Zeither				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Sparrow's Point		Baltimore		MARYLAND		
	Date of death	1906	Month 3	Day 2	Age —	Months 2	Days 7	
	Sex	Female		Color or Race	White		Birth-place	Mayland
	Occupation	—			Where Residing if not at place of death			—
	Married, Single or Widowed	single		Name of Wife or Husband				—
	Father's Name	Wm Zeither				Father's Birthplace	Reun.	
	Mother's Maiden Name	Mary Callender				Mother's Birthplace	Md.	
Name of person giving information	Wm Zeither				How related to deceased	Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Makasmus				How long	(151)	
	Immediate	Exhaustion				How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	J. Woodward M.D.		
					Address	Sparrow's Point, Md.		
	Accident or Suicide?							



Name

in
Full

Mary Estella Freigman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Corbett</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death	1906	Month	March	Day	13
Age		Years		Months	11
Sex	Female	Color or Race	white	Birth-place	Corbett
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Capillary Bronchitis	How long	8 da
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. R. Payne
		Address	Corbett
Accident or Suicide?			Ans

